

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 Alex Sink for Congress

ADDRESS (number and street) PO Box 17271 Clearwater FL 33762 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00551226 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT FL 13

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer Jennifer May

Signature of Treasurer Jennifer May [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Alex Sink 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))....	930.52	3157704.63
(b) Total Contribution Refunds (from Line 20(d))	63796.16	64314.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-62865.64	3093390.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72230.13	3124573.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	10183.00	10183.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	62047.13	3114390.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	52296.67	
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).....	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

Alex Sink for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	190.00	440.00
(ii) Unitemized.....	740.52	4660.16
(iii) TOTAL of contributions from individuals ▶	930.52	2538204.63
(b) Political Party Committees.....	0.00	15000.00
(c) Other Political Committees (such as PACs).....	0.00	596800.00
(d) The Candidate.....	0.00	7700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	930.52	3157704.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	80046.57
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	10183.00	10183.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11113.52	3247934.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72230.13	3124573.37
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	46778.16	47296.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	17018.00	17018.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	63796.16	64314.16
21. OTHER DISBURSEMENTS	6750.00	6750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	142776.29	3195637.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	183959.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11113.52
25. SUBTOTAL (add Line 23 and Line 24).....	195072.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142776.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	52296.67

**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 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Alex Sink for Congress

A. Full Name (Last, First, Middle Initial)
Phyllis Alden

Mailing Address 2600 Golden Gate Pkwy

City Naples State FL Zip Code 34105

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

Name of Employer N/A Occupation Not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
445.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : C9902240A

Amount of Each Receipt this Period
15.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146
SOMERVILLE

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
620.52

Date of Receipt
 M M / D D / Y Y Y Y
04 / 20 / 2014

Transaction ID : C9902240AB

Amount of Each Receipt this Period
15.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 219 4th Ave N
Unit 300

City Saint Petersburg State FL Zip Code 33701-2914

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

Name of Employer Retired Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : C9902214A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Below

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

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

40.00

**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 7 OF 50
	<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)
Alex Sink for Congress

A. Full Name (Last, First, Middle Initial)
Mark Morris

Mailing Address 2533 W Maryland Ave

City Tampa State FL Zip Code 33629-6251

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

Name of Employer fla pediatric associates Occupation MD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : C9902238A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146
SOMERVILLE

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
620.52

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2014

Transaction ID : C9902238AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 1515 Seminole Dr

City Tallahassee State FL Zip Code 32301-5735

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
181.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : C9902235A

Amount of Each Receipt this Period
10.00

* Earmarked Contribution: See Below

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

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

110.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<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)
Alex Sink for Congress

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

Mailing Address **PO Box 441146
SOMERVILLE**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation
Conduit total listed in Agg. field _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **620.52**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 20 / 2014

Transaction ID : C9902235AB

Amount of Each Receipt this Period
 _____ **10.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **102 Skinner Ct**

City **Hawthorne** State **FL** Zip Code **32640-6124**

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

Name of Employer **Clay County School Board** Occupation
teacher

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **483.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : C9902207A

Amount of Each Receipt this Period
 _____ **25.00**

*** Earmarked Contribution: See Below**

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

Mailing Address **PO Box 441146
SOMERVILLE**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation
Conduit total listed in Agg. field _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **620.52**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : C9902207AB

Amount of Each Receipt this Period
 _____ **25.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

_____ **190.00**

**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 50
	<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)
Alex Sink for Congress

A. Full Name (Last, First, Middle Initial)
Adelstein Liston

Mailing Address 222 W Ontario St
Ste 600

City Chicago State IL Zip Code 60654-3655

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Special General

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : C9902185

Amount of Each Receipt this Period
 10183.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M 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).....

10183.00

10183.00

**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 10 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. 332 Collective		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 21 Blueberry Rd		Amount of Each Disbursement this Period 3300.00 Transaction ID : D525823
City Provincetown	State MA Zip Code 02657-1235	
Purpose of Disbursement Consultant - Fundraising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 26.08 Transaction ID : D525807
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 4.70 Transaction ID : D525817
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3330.78
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 11 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 3.98 Transaction ID : D525818
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 11.61 Transaction ID : D527982
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 97.49 Transaction ID : D531046
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Postage for Mailing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	113.08
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 12 OF 50	
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Authorize.Net		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1080 NE 8th St Ste 600		Amount of Each Disbursement this Period 80.95 Transaction ID : D525794
City Bellevue State WA Zip Code 98004-4442	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.Net		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1080 NE 8th St Ste 600		Amount of Each Disbursement this Period 15.00 Transaction ID : D525795
City Bellevue State WA Zip Code 98004-4442	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Auto-Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO Box 30315		Amount of Each Disbursement this Period 27.29 Transaction ID : D525819
City Lansing State MI Zip Code 48909-7815	Purpose of Disbursement Liability Insurance 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	123.24
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 13 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Auto-Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 30315		Amount of Each Disbursement this Period 27.29 Transaction ID : D527990
City Lansing State MI Zip Code 48909-7815	Purpose of Disbursement Liability Insurance Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General
State: District:		

Full Name (Last, First, Middle Initial) B. Auto-Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 30315		Amount of Each Disbursement this Period 27.29 Transaction ID : D526188
City Lansing State MI Zip Code 48909-7815	Purpose of Disbursement Liability Insurance Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 550.00 Transaction ID : D526601
City Washington State DC Zip Code 20004-2260	Purpose of Disbursement Technology Licensing Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	604.58
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 14 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 1100.00 Transaction ID : D527986
City Washington State DC Zip Code 20004-2260	Purpose of Disbursement Technology Licensing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	

Full Name (Last, First, Middle Initial) B. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 550.00 Transaction ID : D525824
City Washington State DC Zip Code 20004-2260	Purpose of Disbursement Technology Licensing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bluestream Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1007 N Federal Highway #D&		Amount of Each Disbursement this Period 4000.00 Transaction ID : D525812
City Fort Lauderdale State FL Zip Code 33304	Purpose of Disbursement Consultant - Management Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5650.00
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 15 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Bright House Networks		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO Box 30765		Amount of Each Disbursement this Period 527.54
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement Internet Service	Transaction ID : D525831
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jim R. Cassady		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 4548 Grove Park Dr		Amount of Each Disbursement this Period 6000.00
City Tallahassee	State FL	
Zip Code 32311-3737	Purpose of Disbursement Consultant - Strategy	Transaction ID : D525825
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE Suite 2000		Amount of Each Disbursement this Period 1414.54
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D525796
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7942.08
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 16 OF 50			
	<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)
Alex Sink for Congress

A. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 04 / 03 / 2014
Amount of Each Disbursement this Period: 597.84
Transaction ID : D525797
Category/Type: 003

B. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 04 / 03 / 2014
Amount of Each Disbursement this Period: 346.06
Transaction ID : D525798
Category/Type: 003

C. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 04 / 03 / 2014
Amount of Each Disbursement this Period: 189.08
Transaction ID : D525799
Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 1132.98
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 17 OF 50			
	<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)
Alex Sink for Congress

A. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2014

Amount of Each Disbursement this Period: 174.78

Transaction ID : D525800

Category/Type: 003

B. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2014

Amount of Each Disbursement this Period: 14.20

Transaction ID : D525801

Category/Type: 003

C. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 05 / 2014

Amount of Each Disbursement this Period: 446.03

Transaction ID : D525803

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 635.01

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 50			
	<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)
Alex Sink for Congress

A. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 05 / 05 / 2014
Amount of Each Disbursement this Period: 169.64
Transaction ID : D525804

B. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 05 / 05 / 2014
Amount of Each Disbursement this Period: 15.00
Transaction ID : D525805

C. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Credit Card Processing Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 05 / 05 / 2014
Amount of Each Disbursement this Period: 2.00
Transaction ID : D525806

SUBTOTAL of Disbursements This Page (optional) 186.64
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 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Harland & Clarke			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 10931 Laureate Drive			Amount of Each Disbursement this Period 49.76	
City San Antonio	State TX	Zip Code 78249	Transaction ID : D525833	
Purpose of Disbursement Check Order Fee		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Harland & Clarke			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 10931 Laureate Drive			Amount of Each Disbursement this Period 74.62	
City San Antonio	State TX	Zip Code 78249	Transaction ID : D531048	
Purpose of Disbursement Check Order Fee		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General		
State:	District:			

Full Name (Last, First, Middle Initial) c. Barclay Harless			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 2021 N Lemans Blvd			Amount of Each Disbursement this Period 3750.00	
City Tampa	State FL	Zip Code 33607-1122	Transaction ID : D525811	
Purpose of Disbursement Winding Down Services		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3874.38
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 50	
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. NAACP Clearwater/Upper Pinellas		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address PO Box 2073		Amount of Each Disbursement this Period 500.00 Transaction ID : D525822
City Clearwater State FL Zip Code 33757-2073	Purpose of Disbursement Event Tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Next Level Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 1361.41 Transaction ID : D525829
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Consultant - Compliance	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Next Level Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 1750.00 Transaction ID : D525821
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Consultant - Compliance	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3611.41
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 50	
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Next Level Partners, LLC		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 1250.00 Transaction ID : D528155
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Consultant - Compliance Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 1101 15th S Ste 500		Amount of Each Disbursement this Period 1650.00 Transaction ID : D525832
City Washington State DC Zip Code 20005	Purpose of Disbursement Software Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 1101 15th S Ste 500		Amount of Each Disbursement this Period 200.00 Transaction ID : D525828
City Washington State DC Zip Code 20005	Purpose of Disbursement Software Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3100.00
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 22 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Paychex			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 911 Panorama Trail S			Amount of Each Disbursement this Period 49.00	
City Rochester	State NY	Zip Code 14625	Transaction ID : D526186	
Purpose of Disbursement Payroll - Invoice		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 911 Panorama Trail S			Amount of Each Disbursement this Period 249.95	
City Rochester	State NY	Zip Code 14625	Transaction ID : D527992	
Purpose of Disbursement Payroll - Invoice		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General			
State: District:				

Full Name (Last, First, Middle Initial) c. Perkins Coie LLP			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 1201 Third Ave Suite 4900			Amount of Each Disbursement this Period 919.00	
City Seattle	State WA	Zip Code 98101	Transaction ID : D525826	
Purpose of Disbursement Legal Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1217.95
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 50	
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 1201 Third Ave Suite 4900		Amount of Each Disbursement this Period 3274.00 Transaction ID : D525809
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Legal Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Perkins Coie LLP		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1201 Third Ave Suite 4900		Amount of Each Disbursement this Period 771.00 Transaction ID : D528273
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Legal Fees	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

Full Name (Last, First, Middle Initial) c. Perkins Coie LLP		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 1201 Third Ave Suite 4900		Amount of Each Disbursement this Period 5101.43 Transaction ID : D531047
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Legal Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9146.43
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 24 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Rachel Reumann Artistry		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 316 Crosswinds Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : D525815
City Palm Harbor	State FL	
Zip Code 34683	Purpose of Disbursement Makeup	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3702 W Spruce St		Amount of Each Disbursement this Period 68.50 Transaction ID : D527991
City Tampa	State FL	
Zip Code 33607-2553	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

Full Name (Last, First, Middle Initial) c. Ulmerton Enterprises, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2325 Ulmerton Rd Ste 20		Amount of Each Disbursement this Period 2407.50 Transaction ID : D527987
City Clearwater	State FL	
Zip Code 33762-3373	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2976.00
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 25 OF 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Ulmerton Enterprises, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 2325 Ulmerton Rd Ste 20		Amount of Each Disbursement this Period 2407.50 Transaction ID : D525827
City Clearwater State FL Zip Code 33762-3373	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ulmerton Enterprises, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 2325 Ulmerton Rd Ste 20		Amount of Each Disbursement this Period 7380.00 Transaction ID : D528274
City Clearwater State FL Zip Code 33762-3373	Purpose of Disbursement Office Rent Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

Full Name (Last, First, Middle Initial) c. United States Postal Service (USPS)		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 4600 140th Ave N #100		Amount of Each Disbursement this Period 49.00 Transaction ID : D528154
City Clearwater State FL Zip Code 33762	Purpose of Disbursement Postage Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9836.50
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 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service (USPS)		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 4600 140th Ave N #100		Amount of Each Disbursement this Period 98.00
City Clearwater State FL Zip Code 33762	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D531045
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	State: District:	

Full Name (Last, First, Middle Initial) B. Wildfire Contact LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 818 Connecticut Ave NW Ste 300		Amount of Each Disbursement this Period 12797.10
City Washington State DC Zip Code 20006-2721	Purpose of Disbursement Robo Calls	
Candidate Name	Category/Type 001	Transaction ID : D525830
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Marley Wilkes		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 10903 Orange Grove Dr		Amount of Each Disbursement this Period 2500.00
City Tampa State FL Zip Code 33618-3940	Purpose of Disbursement Consultant - Fundraising	
Candidate Name	Category/Type 003	Transaction ID : D525810
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15395.10
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 50			
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Marley Wilkes		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 10903 Orange Grove Dr		Amount of Each Disbursement this Period 2500.00 Transaction ID : D526602
City Tampa State FL Zip Code 33618-3940	Purpose of Disbursement Consultant - Fundraising Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

Full Name (Last, First, Middle Initial) B. Marley Wilkes		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 10903 Orange Grove Dr		Amount of Each Disbursement this Period 59.88 Transaction ID : D525813
City Tampa State FL Zip Code 33618-3940	Purpose of Disbursement Reimbursement (Vendors that aggregate over \$200 listed below) Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. David Cohen		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 8080 12th Ave S		Amount of Each Disbursement this Period 729.65 Transaction ID : D528200
City Saint Petersburg State FL Zip Code 33707-2709	Purpose of Disbursement Reimbursement (Vendors that aggregate over \$200 listed below) Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3289.53
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 50	
	<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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Duke Energy		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 14042		Amount of Each Disbursement this Period 281.99
City Saint Petersburg	State FL	Zip Code 33733-4042
Purpose of Disbursement Utilities	Category/ Type 001	
Candidate Name		Transaction ID : D528201 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 630062		Amount of Each Disbursement this Period 305.30
City Dallas	State TX	Zip Code 75263-0062
Purpose of Disbursement Telephone Service	Category/ Type 001	
Candidate Name		Transaction ID : D528202 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	72165.69

**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 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Daniel Albert		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 410 Soaring Hawk Ln		Amount of Each Disbursement this Period Transaction ID : D527995 18.00
City Sacramento	State CA	
Zip Code 95833-3792	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Phyllis Alden		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 2600 Golden Gate Pkwy		Amount of Each Disbursement this Period Transaction ID : D527996 15.00
City Naples	State FL	
Zip Code 34105	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Phyllis Alden		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2600 Golden Gate Pkwy		Amount of Each Disbursement this Period Transaction ID : D528327 15.00
City Naples	State FL	
Zip Code 34105	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Daniel Aronson			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014	
Mailing Address 1440 N. View Drive			Amount of Each Disbursement this Period 250.00	
City Miami	State FL	Zip Code 33140	Transaction ID : D527999	
Purpose of Disbursement Contribution Refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. Honor Bell			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014	
Mailing Address 6073 Spanish Oak Dr.			Amount of Each Disbursement this Period 50.00	
City Pensacola	State FL	Zip Code 32526	Transaction ID : D528000	
Purpose of Disbursement Contribution Refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) c. Marilyn Rose Boren			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014	
Mailing Address 478 Linda Ct			Amount of Each Disbursement this Period 25.00	
City Saint Augustine	State FL	Zip Code 32086-7831	Transaction ID : D528004	
Purpose of Disbursement Contribution Refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Mike Bresnahan		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 4212 Arden Way		Amount of Each Disbursement this Period 100.00 Transaction ID : D528305
City San Diego	State CA Zip Code 92103-1531	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Helen Briley		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 219 4th Ave N Unit 300		Amount of Each Disbursement this Period 25.00 Transaction ID : D528306
City Saint Petersburg	State FL Zip Code 33701-2914	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Morris Brown		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 3760 Canterbury Way		Amount of Each Disbursement this Period 250.00 Transaction ID : D528010
City Boca Raton	State FL Zip Code 33434	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	375.00
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 32 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Dorothy Byrne		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 550 First Ave S #1105		Amount of Each Disbursement this Period 5.00 Transaction ID : D528017
City St Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Diane S. Cato		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 9220 132nd St		Amount of Each Disbursement this Period 50.00 Transaction ID : D528025
City Seminole	State FL	
Zip Code 33776-2405	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Julie Ciulla		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1300 Westway Dr		Amount of Each Disbursement this Period 75.00 Transaction ID : D531044
City Sarasota	State FL	
Zip Code 34236-1123	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	130.00
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 33 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Michael David Cohen		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1800 S Ocean Blvd Apt 1006		Amount of Each Disbursement this Period 500.00 Transaction ID : D528029
City Pompano Beach	State FL	
Zip Code 33062-7918	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Frank W. Crum Jr.		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 17902 Spencer Rd		Amount of Each Disbursement this Period 2250.00 Transaction ID : D528035
City Odessa	State FL	
Zip Code 33556-4923	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ms. Cheryl S. Cummer		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 12408 Mandarin Rd.		Amount of Each Disbursement this Period 250.00 Transaction ID : D528037
City Jacksonville	State FL	
Zip Code 32223	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 34 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Rosalie Danbury		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address P.O. Box 941		Amount of Each Disbursement this Period 250.00 Transaction ID : D528041
City Kilauea	State HI	
Zip Code 96754	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dr. Willa H. Drummond		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 2300 SW 56th Ave		Amount of Each Disbursement this Period 60.00 Transaction ID : D528055
City Gainesville	State FL	
Zip Code 32608-5025	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ben Fiedler		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 12050 Park Blvd Apt 144		Amount of Each Disbursement this Period 50.00 Transaction ID : D528058
City Seminole	State FL	
Zip Code 33772-4567	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	360.00
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 35 OF 50	
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Amy Fowler		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 164 Mountain View Road		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528064
City Rhinebeck State NY Zip Code 12572	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Eric Haley		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 426 Elsmere Dr.		Amount of Each Disbursement this Period 35.00 Transaction ID : D528072
City Riverside State CA Zip Code 92506	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Martha Hough		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 9825 Harrell Ave Apt 201		Amount of Each Disbursement this Period 30.00 Transaction ID : D528078
City Treasure Island State FL Zip Code 33706-3247	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2665.00
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 36 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Martha Hough		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 9825 Harrell Ave Apt 201		Amount of Each Disbursement this Period 15.00 Transaction ID : D528320
City State Zip Code Treasure Island FL 33706-3247	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Beth A Houghton		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 180 Beach Dr NE # 180		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528079
City State Zip Code St Petersburg FL 33701-3909	Purpose of Disbursement Contribution Refund Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Beth A Houghton		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 180 Beach Dr NE # 180		Amount of Each Disbursement this Period 800.00 Transaction ID : D525840
City State Zip Code St Petersburg FL 33701-3909	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3415.00
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 37 OF 50	
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Patricia M Kessler		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 120 Casa Bendita		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528086
City Palm Beach	State FL	
Zip Code 33480-3602	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Norman Kurland		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 15010 Shell Point Blvd		Amount of Each Disbursement this Period 15.00 Transaction ID : D528090
City Fort Myers	State FL	
Zip Code 33908-1637	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Henry Laufer		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1750 South Ocean Blvd		Amount of Each Disbursement this Period 2600.00 Transaction ID : D525835
City Manalapan	State FL	
Zip Code 33462	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5215.00
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 38 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Henry Laufer		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1750 South Ocean Blvd		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528157
City Manalapan	State FL	
Zip Code 33462	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Marsha Laufer		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 170 South Ocean Blvd		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528158
City Manalapan	State FL	
Zip Code 33462	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Marsha Laufer		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 170 South Ocean Blvd		Amount of Each Disbursement this Period 2600.00 Transaction ID : D525834
City Manalapan	State FL	
Zip Code 33462	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 39 OF 50	
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Dona J Leach		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1715 Sunset Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D528159
City Clearwater	State FL	
Zip Code 33755	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Lee		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 5620 Old Hickory Ln		Amount of Each Disbursement this Period 50.00 Transaction ID : D528161
City Tallahassee	State FL	
Zip Code 32303-6728	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Henry Lord		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 313 Audubon Ct		Amount of Each Disbursement this Period 1200.00 Transaction ID : D528197
City New Haven	State CT	
Zip Code 06510-1203	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1550.00
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 40 OF 50	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Lydia Lowell-Sherman		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5231 Cedarbend Dr Apt 4		Amount of Each Disbursement this Period 15.00
City Fort Myers	State FL	
Zip Code 33919-4004	Purpose of Disbursement Contribution Refund	Transaction ID : D528198
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Charles Lydecker CPCU, CIC		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 607 N Beach St		Amount of Each Disbursement this Period 2400.00
City Ormond Beach	State FL	
Zip Code 32174-5322	Purpose of Disbursement Contribution Refund	Transaction ID : D528199
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Richard Lydecker		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 4835 Lakeview Dr		Amount of Each Disbursement this Period 1800.00
City Miami Beach	State FL	
Zip Code 33140-2634	Purpose of Disbursement Contribution Refund	Transaction ID : D528208
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4215.00
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 41 OF 50	
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Mark Morris		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 2253 West Maryland Avenue		Amount of Each Disbursement this Period 100.00 Transaction ID : D528215
City Tampa State FL Zip Code 33629	Purpose of Disbursement Contribution Refund Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mark Morris		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2533 W Maryland Ave		Amount of Each Disbursement this Period 100.00 Transaction ID : D528325
City Tampa State FL Zip Code 33629-6251	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Greg Murtagh		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1005 Victoria Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : D528219
City Dunedin State FL Zip Code 34698-5749	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1200.00
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 42 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Danielle Neetz		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 936 Chickadee Drive		Amount of Each Disbursement this Period 25.00 Transaction ID : D528220
City Port Orange	State FL	
Zip Code 32127	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Rochelle Rothbaum		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 294 Richard ct		Amount of Each Disbursement this Period 10.00 Transaction ID : D528231
City Pomona	State NY	
Zip Code 10970	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Dolores Ruby		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1521 Danbury Drive		Amount of Each Disbursement this Period 25.00 Transaction ID : D528232
City Sun City Center	State FL	
Zip Code 33573	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	60.00
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 43 OF 50	
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Vincent J. Ryan		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 60 South Street Suite 1120		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528233
City Boston State MA Zip Code 02111	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. David Schutte		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 2659 Crystal Cir		Amount of Each Disbursement this Period 25.00 Transaction ID : D528238
City Dunedin State FL Zip Code 34698-2409	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. William Selvidge		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 11 Baymont St. # 408		Amount of Each Disbursement this Period 1000.00 Transaction ID : D528242
City Clearwater Beach State FL Zip Code 33767	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3625.00
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 44 OF 50	
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Millicent Shargel		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 1515 Seminole Dr		Amount of Each Disbursement this Period 10.00 Transaction ID : D528244
City Tallahassee	State FL	
Zip Code 32301-5735	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Millicent Shargel		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 1515 Seminole Dr		Amount of Each Disbursement this Period 10.00 Transaction ID : D528323
City Tallahassee	State FL	
Zip Code 32301-5735	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ryan Smith		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 1038 N East Capitol BLVD		Amount of Each Disbursement this Period 1250.00 Transaction ID : D528248
City Salt Lake City	State UT	
Zip Code 84103	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1270.00
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 45 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Randolph R Snell		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 175 - 1st St. S Apt. 3303		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528249
City Saint Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Randolph R Snell		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 175 - 1st St. S Apt. 3303		Amount of Each Disbursement this Period 2600.00 Transaction ID : D52839
City Saint Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Deborah Stewart		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 13240 NW Lovejoy St		Amount of Each Disbursement this Period 10.00 Transaction ID : D528253
City Portland	State OR	
Zip Code 97229	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5210.00
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 46 OF 50			
	<input type="checkbox"/> 17 <input checked="" 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)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Kathleen B. Taylor		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 612 N 47th St		Amount of Each Disbursement this Period 2600.00 Transaction ID : D528255
City Seattle	State WA	
Zip Code 98103-6450	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kathryn Trabert		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 102 Skinner Ct		Amount of Each Disbursement this Period 15.00 Transaction ID : D528258
City Hawthorne	State FL	
Zip Code 32640-6124	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kathryn Trabert		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 102 Skinner Ct		Amount of Each Disbursement this Period 25.00 Transaction ID : D528302
City Hawthorne	State FL	
Zip Code 32640-6124	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2640.00
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 47 OF 50	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Doris L. Weatherford		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5425 County Road 579		Amount of Each Disbursement this Period 25.00
City Seffner State FL Zip Code 33584-7305	Purpose of Disbursement Contribution Refund	010 Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : D528265

Full Name (Last, First, Middle Initial) B. Mark Wolfendale		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 510 Harbor Cove Circle		Amount of Each Disbursement this Period 25.00
City Longboat Key State FL Zip Code 34228	Purpose of Disbursement Contribution Refund	010 Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : D528272

Full Name (Last, First, Middle Initial) C.		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	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	43153.00

**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 48 OF 50	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. AMERIPAC: THE FUND FOR A GREATER AMERICA		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 700 13TH STREET, NW SUITE 600		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Contribution Refund 010 Category/Type	
Purpose of Disbursement Contribution Refund		Candidate Name
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Transaction ID : D525837

Full Name (Last, First, Middle Initial) B. HOYER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 700 13TH STREET, NW SUITE 600		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Contribution Refund 010 Category/Type	
Purpose of Disbursement Contribution Refund		Candidate Name STENY HAMILTON HOYER
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: MD District: 05

Transaction ID : D525836

Full Name (Last, First, Middle Initial) C. MOVING AMERICA FORWARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 972 W Whitmire Dr		Amount of Each Disbursement this Period 5000.00
City Melbourne State FL Zip Code 32935-6972	Purpose of Disbursement Contribution Refund 010 Category/Type	
Purpose of Disbursement Contribution Refund		Candidate Name
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Transaction ID : D525838

SUBTOTAL of Disbursements This Page (optional).....	12000.00
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 49 OF 50	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alex Sink for Congress

A. Full Name (Last, First, Middle Initial) Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 265 W 14th St Ste 610		Amount of Each Disbursement this Period 5000.00	
City New York State NY Zip Code 10011-7179	Purpose of Disbursement Contribution Refund	Transaction ID : D525841	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010	
State: District:			

B. Full Name (Last, First, Middle Initial)		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	Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

C. Full Name (Last, First, Middle Initial)		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	Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	17000.00

**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 50 OF 50	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alex Sink for Congress

Full Name (Last, First, Middle Initial) A. Florida Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 5000.00 Transaction ID : D527983
City Tallahassee	State FL Zip Code 32301-1705	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Pinellas County DEC		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 2250 1st Ave N		Amount of Each Disbursement this Period 1750.00 Transaction ID : D527981
City St Petersburg	State FL Zip Code 33713-8817	
Purpose of Disbursement Event Sponsorship	Candidate Name	Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C.		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		
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	6750.00
TOTAL This Period (last page this line number only).....	6750.00