



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Florida Congressional Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="78969.83"/>	<input type="text" value="78969.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82275.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19018.00"/>	<input type="text" value="53498.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="101293.26"/>	<input type="text" value="132467.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14472.85"/>	<input type="text" value="45647.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86820.41"/>	<input type="text" value="86820.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**Florida Congressional Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19018.00	50318.00
(ii) Unitemized .....	0.00	180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19018.00	50498.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19018.00	50498.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19018.00	53498.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19018.00	53498.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1472.85	3797.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1472.85	3797.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	41850.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14472.85	45647.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14472.85	45647.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19018.00	50498.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19018.00	50498.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	1472.85	3797.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1472.85	3797.42

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)  
**A. Jonathan Awner**  
 Mailing Address 4060 Battersea Rd  
 City State Zip Code  
 Miami FL 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Akerman, Senterfitt & Eidson Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2014  
**Transaction ID : SA11AI.6146**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Alan Fiske**  
 Mailing Address 1000 Pine Island Road  
 City State Zip Code  
 Plantation FL 33324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fiske and Company Accountant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.6130**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Alex Halberstein**  
 Mailing Address 1170-B E. Hallandale Beach Blvd.  
 City State Zip Code  
 Hallandale Beach FL 33009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.6137**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)  
**A. Alex Halberstein**  
 Mailing Address 1170-B E. Hallandale Beach Blvd.  
 City State Zip Code  
 Hallandale Beach FL 33009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : SA11AI.6144**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Alex Halberstein**  
 Mailing Address 1170-B E. Hallandale Beach Blvd.  
 City State Zip Code  
 Hallandale Beach FL 33009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11AI.6145**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. M. Ronald Krongold**  
 Mailing Address 1441 Brickell Ave  
 Suite 1430  
 City State Zip Code  
 Miami FL 33131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gold Krown Properties LLC Real Estate Developer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2014  
**Transaction ID : SA11AI.6133**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

**A. Linda Levy**  
Full Name (Last, First, Middle Initial)

Mailing Address 18201 Collins Ave  
Spa 109

City Sunny Isles Beach State FL Zip Code 33160

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

Name of Employer self-employed Occupation Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 01 / 2014  
Transaction ID : SA11AI.6142

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 3 Grove Isle Dr  
Apt 1009

City Coconut Grove State FL Zip Code 33133

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

Name of Employer Greenberg Traurig PA Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 22 / 2014  
Transaction ID : SA11AI.6128

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 19370 Collins Ave Apt 426

City Sunny Isles State FL Zip Code 33160

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

Name of Employer UBS Wealth Mgmt Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 14 / 2014  
Transaction ID : SA11AI.6135

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial) <b>A. Jayne Shapiro</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : SA11AI.6131</b>
Mailing Address 19955 NE 38th Ct Apt 2205		Amount of Each Receipt this Period 5000.00
City Aventura	State FL	Zip Code 33180
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-employed	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Roy Weinfeld</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : SA11AI.6140</b>
Mailing Address 2665 SW 37th Ave #805		Amount of Each Receipt this Period 1018.00
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1018.00	

Full Name (Last, First, Middle Initial) <b>C. Ryan Weisfisch</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2014 <b>Transaction ID : SA11AI.6129</b>
Mailing Address 3050 Aventura Blvd 3rd Floor		Amount of Each Receipt this Period 2000.00
City Aventura	State FL	Zip Code 33180
FEC ID number of contributing federal political committee.	C	
Name of Employer Maxwelle Real Estate Group	Occupation Real Estate Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8018.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Wigoda</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : SA11AI.6127</b>
Mailing Address 1184 98th St		Amount of Each Receipt this Period 1500.00
City Bay Harbor Islands	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Jones Lang LaSalle	Occupation Real Estate Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Jorge Woldenberg</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2014 <b>Transaction ID : SA11AI.6134</b>
Mailing Address 276 Bal Cross Drive		Amount of Each Receipt this Period 2500.00
City Bal Harbour	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Corpac Steel Products Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19018.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Elena Djakonova**

Mailing Address PO Box 398627

City Miami Beach State FL Zip Code 33239

Purpose of Disbursement  
Marketing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6156**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Elena Djakonova**

Mailing Address PO Box 398627

City Miami Beach State FL Zip Code 33239

Purpose of Disbursement  
Marketing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6157**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Electoral Strategies Inc**

Mailing Address 2121 NE 211th St

City Miami State FL Zip Code 33179

Purpose of Disbursement  
Accounting Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6160**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Ocean Printing, Inc.**

Mailing Address 4447 Hollywood Blvd.

City Hollywood State FL Zip Code 33021

Purpose of Disbursement  
Printing

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6158**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6147**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6151**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 12312 Port Grace Blvd

City State Zip Code  
La Vista NE 68128

Purpose of Disbursement  
Credit Card Processing Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

Transaction ID : SB21B.6148

Amount of Each Disbursement this Period

25.30

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 12312 Port Grace Blvd

City State Zip Code  
La Vista NE 68128

Purpose of Disbursement  
Credit Card Processing Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

Transaction ID : SB21B.6152

Amount of Each Disbursement this Period

12.80

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 12312 Port Grace Blvd

City State Zip Code  
La Vista NE 68128

Purpose of Disbursement  
Credit Card Processing Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : SB21B.6155

Amount of Each Disbursement this Period

25.75

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

63.85

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

### A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Credit Card Processing Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : SB21B.6149

Amount of Each Disbursement this Period

2	5	.	3	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Credit Card Processing Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	4

Transaction ID : SB21B.6153

Amount of Each Disbursement this Period

1	2	.	8	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Credit Card Processing Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : SB21B.6150

Amount of Each Disbursement this Period

2	5	.	3	0
---	---	---	---	---

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

6	3	.	4	0
---	---	---	---	---

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

6	3	.	4	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6154**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**WILLIAM CASSIDY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2014

Transaction ID : **SB23.6179**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. CARR FOR CONGRESS**

Mailing Address 525 E SEASIDE WAY #101-C

City State Zip Code  
LONG BEACH CA 90802

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**ELAN S CARR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

Transaction ID : **SB23.6162**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. LAMBORN FOR CONGRESS**

Mailing Address P.O. BOX 64107

City State Zip Code  
COLORADO SPRINGS CO 80962

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**DOUGLAS L LAMBORN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

Transaction ID : **SB23.6175**

Amount of Each Disbursement this Period

5000.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. NIGER INNIS FOR CONGRESS**

Mailing Address 7495 WEST AZURE DRIVE

City LAS VEGAS State NV Zip Code 89130

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**NIGER INNIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : **SB23.6171**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. NIGER INNIS FOR CONGRESS**

Mailing Address 7495 WEST AZURE DRIVE

City LAS VEGAS State NV Zip Code 89130

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**NIGER INNIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : **SB23.6174**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR CONGRESS**

Mailing Address PO BOX 405

City POINTE VEDRA State FL Zip Code 32004

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**RONALD D DESANTIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : **SB23.6182**

Amount of Each Disbursement this Period

500.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Florida Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. TED YOHO FOR CONGRESS**

Mailing Address 5745 SW 75TH STREET, #283

City State Zip Code  
GAINESVILLE FL 32608

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**THEODORE SCOTT MR. YOHO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2014

Transaction ID : **SB23.6166**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR SENATOR JOHN CORNYN INC**

Mailing Address PO BOX 13026

City State Zip Code  
AUSTIN TX 78711

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**JOHN CORNYN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : **SB23.6161**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1500.00
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**TOTAL** This Period (last page this line number only)..... ▶

13000.00
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