



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**TODD WILCOX FOR US SENATE**

Report Covering the Period:

From:

MM / DD / YYYY  
10 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	71941.32	330647.12
(b) Total Contribution Refunds (from Line 20(d)) ..	4400.00	4700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	67541.32	325947.12
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	127400.45	202291.09
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	127400.45	202291.09
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	873656.03	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	750000.00	

**For further information contact:**

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

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

201602040200066548

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 80

Write or Type Committee Name

**TODD WILCOX FOR US SENATE**

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

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)...	56672.60	298207.35
(ii) Unitemized .....	818.00	5221.10
(iii) TOTAL of contributions from individuals .	57490.60	303428.45
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	557.70	557.70
(d) The Candidate .....	13893.02	26660.97
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71941.32	330647.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	250000.00	750000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	250000.00	750000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
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)...	321941.32	1080647.12

20160204020066549

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	127400.45	202291.09
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 ...	4400.00	4700.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	4400.00	4700.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	131800.45	206991.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	683515.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	321941.32
25. SUBTOTAL (add Line 23 and Line 24) ..	1005456.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	131800.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	873656.03

201602040200066550

**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 80	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)  
**JACK BRILL**

A. Mailing Address **550 BOWSPRIT LANE**

City	State	Zip Code
LONGBOAT KEY	FL	34228

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

Name of Employer	Occupation
META CULINARY MANAGEMENT	EXECUTIVE

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>
---	---

Date of Receipt  
**12 / 31 / 2015**  
Transaction ID : **SA11AI.4753**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **3829 WINDING LAKE CIRCLE**

City	State	Zip Code
ORLANDO	FL	32835

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

Name of Employer	Occupation
INTERNATIONAL ASSETS	DIRECTOR OF ACCOUNTING

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2700.00</b>
---	--

Date of Receipt  
**11 / 19 / 2015**  
Transaction ID : **SA11AI.4745**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **3829 WINDING LAKE CIRCLE**

City	State	Zip Code
ORLANDO	FL	32835

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

Name of Employer	Occupation
INTERNATIONAL ASSETS	DIRECTOR OF ACCOUNTING

Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5400.00</b>
---	--

Date of Receipt  
**11 / 19 / 2015**  
Transaction ID : **SA11AI.4747**

Amount of Each Receipt this Period  
**2700.00**

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

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

**5650.00**

20160204020066551

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 80	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD COFRANCESCO**

Mailing Address 3829 WINDING LAKE CIRCLE

City ORLANDO	State FL	Zip Code 32835
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FEC ID number of contributing federal political committee. **C**

Name of Employer INTERNATIONAL ASSETS	Occupation CEO
--	-------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
11 / 19 / 2015

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 3829 WINDING LAKE CIRCLE

City ORLANDO	State FL	Zip Code 32835
-----------------	-------------	-------------------

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

Name of Employer INTERNATIONAL ASSETS	Occupation CEO
--	-------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
11 / 19 / 2015

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. GUY D COLADO**

Mailing Address 327 BELOIT AVENUE

City WINTER PARK	State FL	Zip Code 32789
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FEC ID number of contributing federal political committee. **C**

Name of Employer COMMERCE NATIONAL BANK & TRUST	Occupation BANKER
--	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
11 / 19 / 2015

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period  
250.00

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

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

5650.00

201602040200066552

**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 80	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>REUBEN DANIELS</b>		Date of Receipt MM / DD / YYYY 12 / 23 / 2015	
Mailing Address 310 WEST 91ST STREET		Transaction ID : SA11AI.4733	
City NY	State NY	Zip Code 10024	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2700.00	
Name of Employer EA MARKETS	Occupation FINANCE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MR. RON DUBOIS</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2015	
Mailing Address 1221 IRA WILLIAMS ROAD		Transaction ID : SA11AI.4757	
City BENTON	State AR	Zip Code 72019	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer NEW MEXICO MILITARY INSTITUTE	Occupation LEADERSHIP ADVISOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>JAMES FOWLER</b>		Date of Receipt MM / DD / YYYY 12 / 30 / 2015	
Mailing Address 28 W CENTRAL BLVD		Transaction ID : SA11AI.4735	
City ORLANDO	State FL	Zip Code 32801	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00	
Name of Employer FOFS	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3950.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066553

**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 80	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

A. Full Name (Last, First, Middle Initial) <b>MR. MACK FULMER</b>		Date of Receipt 12 / 29 / 2015
Mailing Address 1141 WINDSONG ROAD		Transaction ID : SA11AI.4714
City ORLANDO	State FL	Zip Code 32809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CARROLL FULMER TRUCKING CORPORATIK	Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) <b>MR. ROBERT GARVY</b>		Date of Receipt 12 / 08 / 2015
Mailing Address 200 ESPLANADE WAY		Transaction ID : SA11AI.4693
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

C. Full Name (Last, First, Middle Initial) <b>ROBERT GIRARD</b>		Date of Receipt 12 / 28 / 2015
Mailing Address 1815 HIBISCUS ST.		Transaction ID : SA11AI.4762
City SARASOTA	State FL	Zip Code 34239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ROBERT J GIRARD	Occupation ENTERTAINMENT/FIILM/TV PRODUCER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3950.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066554



**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 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 15	12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. CHANEY GORDY</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2015	
Mailing Address 101 S EOLA DRIVE UNIT 1210		Transaction ID : SA11AI.4764	
City ORLANDO	State FL	Zip Code 32801	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE DEVELOPER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>MR. STEFAN R GROW</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2015	
Mailing Address 1618 MILTON STREET		Transaction ID : SA11AI.4705	
City TALLAHASSEE	State FL	Zip Code 32303	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CARR ALLISON	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>STANLEY HANSON</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2015	
Mailing Address 7074 S.E. 12TH CIRCLE		Transaction ID : SA11AI.4695	
City OCALA	State FL	Zip Code 34480	Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	2850.00

201602040200066555

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>DEBORAH HARDING</b>		Date of Receipt 12 / 31 / 2015	
Mailing Address 9915 GIFFIN CT		Transaction ID : SA11AI.4737	
City WINDERMERE	State FL	Zip Code 34786	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer HARDING MEDICAL INSTITUTE	Occupation MD		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>MRS. LAILA A HUSSAIN</b>		Date of Receipt 12 / 31 / 2015	
Mailing Address 11861 CAMDEN PARK DRIVE		Transaction ID : SA11AI.4718	
City WINDERMERE	State FL	Zip Code 34786	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) <b>MRS. LAILA A HUSSAIN</b>		Date of Receipt 12 / 31 / 2015	
Mailing Address 11861 CAMDEN PARK DRIVE		Transaction ID : SA11AI.4721	
City WINDERMERE	State FL	Zip Code 34786	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	5700.00

20160204020066556

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 OF 80	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RIZWAN S HUSSAIN**

Mailing Address 11861 CAMDEN PARK DRIVE

City	State	Zip Code
WINDERMERE	FL	34786

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

Name of Employer	Occupation
SELF-EMPLOYED	TELECOMMUNICATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
12 / 31 / 2015

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RIZWAN S HUSSAIN**

Mailing Address 11861 CAMDEN PARK DRIVE

City	State	Zip Code
WINDERMERE	FL	34786

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

Name of Employer	Occupation
SELF-EMPLOYED	TELECOMMUNICATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
12 / 31 / 2015

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 135 CROSSWAYS PARK DR

City	State	Zip Code
WOODBURY	NY	11797

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

Name of Employer	Occupation
KDV	LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
12 / 31 / 2015

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period  
1000.00

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

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

6400.00

201602040200066557

**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 12 OF 80	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>FRANK LACITIGNOLA</b>		Date of Receipt 11 / 24 / 2015	
A. Mailing Address 15 SOMERSET ST #301		Transaction ID : SA11AI.4711	
City CLEARWATER BEACH	State FL	Zip Code 33767	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		IN-KIND: FACILITY RENTAL/CATERING SERVICES	
Name of Employer STUDENT	Occupation LAW STUDENT	Amount of Each Receipt this Period 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MR. FREDERICK W LEONHARDT</b>		Date of Receipt 10 / 05 / 2015	
B. Mailing Address 1317 SPRING LAKE DRIVE		Transaction ID : SA11AI.4771	
City ORLANDO	State FL	Zip Code 32804	Amount of Each Receipt this Period 714.99
FEC ID number of contributing federal political committee. C		IN-KIND: FACILITY RENTAL/CATERING SERVICES	
Name of Employer GRAY, HARRIS & ROBINSON, PA	Occupation ATTORNEY	Amount of Each Receipt this Period 904.70	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 904.70		

Full Name (Last, First, Middle Initial) <b>MR. DOUG LONG</b>		Date of Receipt 11 / 17 / 2015	
C. Mailing Address 12540 PARK AVE.		Transaction ID : SA11AI.4758	
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer PROSPECT MORTGAGE	Occupation PRESIDENT	Amount of Each Receipt this Period 5400.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3914.99
<b>TOTAL</b> This Period (last page this line number only).....	

2016020402006658

**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 13 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. RICK LUND</b>		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
A. Mailing Address 4101 SW 47TH AVE STE 102		Transaction ID : SA11AI.4765
City DAVIE	State FL	Zip Code 33314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer SRT GROUP	Occupation FOUNDER & CHAIRMAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>MR. ALEXANDER MAMMEN</b>		Date of Receipt MM / DD / YYYY 10 / 20 / 2015
B. Mailing Address 680 EAST NORTHWAYL LANE NE		Transaction ID : SA11AI.4739
City ATLANTA	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HERITAGE GROWTH PARTNERS LLC	Occupation CONSULTING AND INVESTING	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. GARY T MARLAR</b>		Date of Receipt MM / DD / YYYY 10 / 23 / 2015
C. Mailing Address 1422 VIA SANGRO PLACE		Transaction ID : SA11AI.4755
City WINTER PARK	State FL	Zip Code 32792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NATIONAL STAFFING	Occupation RECRUITER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5650.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066559

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

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

FOR LINE NUMBER: PAGE 14 OF 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN W MCDONALD**

Mailing Address 395 SE. 90TH STREET

City	State	Zip Code
OCALA	FL	34480

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

Name of Employer	Occupation
THE MCDONALD AGENCY	OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : SA11A1.4699

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2097 OAKADIA DRIVE

City	State	Zip Code
CLEARWATER	FL	33764

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

Name of Employer	Occupation
MCMULLEN OIL COMPANY	SECRETARY/TREASURER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SA11A1.4709

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1503 STUART RD

City	State	Zip Code
RESTON	VA	20194

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

Name of Employer	Occupation
ARGUS SECURITY PROJECTS USA	MANAGING PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SA11A1.4725

Amount of Each Receipt this Period  
250.00

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

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

1250.00

201602040200066560

**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 15 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>HAIG MELKESSETIAN</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2015	
A. Mailing Address 1503 STUART RD		Transaction ID : SA11AI.4655	
City RESTON	State VA	Zip Code 20194	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer ARGUS SECURITY PROJECTS USA	Occupation MANAGING PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>MR. MARK MERITHEW</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2015	
B. Mailing Address 4406 E. MAIN ST. STE #102-62		Transaction ID : SA11AI.4622	
City MESA	State AZ	Zip Code 85205	Amount of Each Receipt this Period 49.00
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer SUBROSA INTERNATIONAL, LLC	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 549.00	

Full Name (Last, First, Middle Initial) <b>MR. STEVE MUNZ</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2015	
C. Mailing Address 847 S. MAIN STREET		Transaction ID : SA11AI.4691	
City WILDWOOD	State FL	Zip Code 34785	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer GALAXY HOME SOLUTIONS, INC.	Occupation OWNER/OPERATOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2649.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066561

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. DAVID MURPHY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2015	
Mailing Address <b>8451 EAGLES LOOP CIRCLE</b>		Transaction ID : <b>SA11AI.4729</b>	
City <b>WINDERMERE</b>	State <b>FL</b>	Zip Code <b>34786</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>CBRE</b>	Occupation <b>REAL ESTATE BROKER</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>MR. ROBERT NUNZIATA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015	
Mailing Address <b>2351 FORREST ROAD</b>		Transaction ID : <b>SA11AI.4773</b>	
City <b>WINTER PARK</b>	State <b>FL</b>	Zip Code <b>32789</b>	Amount of Each Receipt this Period 958.61 IN-KIND: FACILITY RENTAL/CATERING SERVICES
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FBC MORTGAGE</b>	Occupation <b>CEO</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 958.61		

Full Name (Last, First, Middle Initial) <b>MR. MICHAEL J O'DONNELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015	
Mailing Address <b>870 GEORGIA AVE.</b>		Transaction ID : <b>SA11AI.4767</b>	
City <b>WINTER PARK</b>	State <b>FL</b>	Zip Code <b>32789</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>VCF</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2958.61
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066562



**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 17 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>JEFF OSTLIE</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 19 E CENTRAL BLVS		Transaction ID : SA11AI.4749
City ORLANDO	State FL	Zip Code 32801
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer JEFFREY D. OSTLIE, P.A.	Occupation LAWYER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>ED POPE</b>		Date of Receipt MM / DD / YYYY 11 / 18 / 2015
Mailing Address 128 SIDNEY BAY DR		Transaction ID : SA11AI.4741
City NEWPORT BEACH	State CA	Zip Code 92657
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer INNOTEK CORP	Occupation BUSINESSMAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. STEPHEN PRESTON</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2015
Mailing Address 14678 CANOPY DRIVE		Transaction ID : SA11AI.4703
City TAMPA	State FL	Zip Code 33626
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer PRESTON CONSTRUCTION INC.	Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066563

**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 18 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. JAMES PUTT</b>		Date of Receipt MM / DD / YYYY 10 / 02 / 2015
Mailing Address 1500 GARDEN STREET #3E		Transaction ID : SA11AI.4769
City HOBOKEN	State NJ	Zip Code 07030
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer ZBI	Occupation DIRECTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. DAVID ROGERS</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2015
Mailing Address 105 GRANITE PLACE		Transaction ID : SA11AI.4686
City WILLIAMSBURG	State VA	Zip Code 22318
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer U.S. GOVERNMENT	Occupation INSTRUCTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>AZIM SAJU</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 5745 SW 42ND PLACE		Transaction ID : SA11AI.4689
City OCALA	State FL	Zip Code 34474
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066564

**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 19 OF 80	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>SHAIDA SAJU</b>		Date of Receipt	
Mailing Address 5765 SW 42ND PLACE		MM / DD / YYYY 11 / 30 / 2015	
City	State	Zip Code	Transaction ID : SA11AI.4712
OCALA	FL	34474	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00	
Name of Employer	Occupation	Election Cycle-to-Date	
HOMEMAKER	HOMEMAKER		
Receipt For: 2016	Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	600.00		
<input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>VERNON SHUKOSKI</b>		Date of Receipt	
Mailing Address 1690 S.E. 73RD PLACE		MM / DD / YYYY 11 / 30 / 2015	
City	State	Zip Code	Transaction ID : SA11AI.4707
OCALA	FL	34480	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00	
Name of Employer	Occupation	Election Cycle-to-Date	
INDEPENDENT ACCOUNTING PROFESSION	ACCOUNTANT		
Receipt For: 2016	Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250.00		
<input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MR. BRIAN SMITH</b>		Date of Receipt	
Mailing Address 9302 BOLEY PLACE		MM / DD / YYYY 12 / 21 / 2015	
City	State	Zip Code	Transaction ID : SA11AI.4760
NOKESVILLE	VA	20181	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00	
Name of Employer	Occupation	Election Cycle-to-Date	
REGIONS	LOBBYIST		
Receipt For: 2016	Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250.00		
<input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066565

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

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

FOR LINE NUMBER: PAGE 20 OF 80  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RON ST. JOHN**

Mailing Address **PO BOX 1197**

City	State	Zip Code
TRENTON	FL	32693

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

Name of Employer	Occupation
ALLIANCE DAIRIES	OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 11 / 19 / 2015

Transaction ID : **SA11AI.4716**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address **104 VINTAGEISLE LANE**

City	State	Zip Code
PALM BEACH GARDENS	FL	33418

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 12 / 22 / 2015

Transaction ID : **SA11AI.4697**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address **411 G ST SW**

City	State	Zip Code
WASHINGTON	DC	20024

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

Name of Employer	Occupation
ASKARI	PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 12 / 31 / 2015

Transaction ID : **SA11AI.4727**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

56672.60

201602040200866566

**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 21 OF 80
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)  
**REPUBLICAN MEN'S CLUB OF COLLIER COUNTY**

A. Mailing Address **4398 N LONGSHORE WAY**

Date of Receipt  

M	M	/	D	D	/	Y	Y
12			29			2015	

 Transaction ID : SA11C.4724

City State Zip Code  
 NAPLES FL 34119

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

Amount of Each Receipt this Period  

557.70
--------

 PERMISSIBLE FUNDS

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  

557.70
--------

Full Name (Last, First, Middle Initial)

B. Mailing Address

Date of Receipt  

M	M	/	D	D	/	Y	Y

City State Zip Code

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

Amount of Each Receipt this Period  

--

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  

--

Full Name (Last, First, Middle Initial)

C. Mailing Address

Date of Receipt  

M	M	/	D	D	/	Y	Y

City State Zip Code

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

Amount of Each Receipt this Period  

--

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  

--

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

557.70
557.70

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

201602040200066567

**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 22 OF 80
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>TODD WILCOX</b>		Date of Receipt 12 / 31 / 2015
A. Mailing Address <b>PO BOX 616308</b>		Transaction ID : <b>SA11D.5054</b>
City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32861</b>
FEC ID number of contributing federal political committee. <b>C S6FL00335</b>		Amount of Each Receipt this Period <b>13893.02</b>
Name of Employer <b>CANDIDATE</b>	Occupation <b>CANDIDATE</b>	IN-KIND: TRAVEL; CANDIDATE LEASED AIRCRAFT SEE MEMOS
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>776660.97</b>	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>13893.02</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>13893.02</b>

201602040200866568

**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 23 OF 80
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>TODD WILCOX</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015
A. Mailing Address <b>PO BOX 616308</b>		Transaction ID : <b>SA13A.4770</b>
City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32861</b>
FEC ID number of contributing federal political committee. <b>C S6FL00335</b>		Amount of Each Receipt this Period <b>250000.00</b>
Name of Employer <b>CANDIDATE</b>	Occupation <b>CANDIDATE</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>762767.95</b>	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250000.00</b>

201602040200066569

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. 101 RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 215 W COLLEGE AVE. UNIT 101		Amount of Each Disbursement this Period 15.35 Transaction ID : SB17.4999
City TALLAHASSEE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. 7-ELEVEN</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 4831 EAST TAMIAMI TRAIL		Amount of Each Disbursement this Period 5.03 Transaction ID : SB17.4961
City NAPLES	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. 7-ELEVEN</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 13411 FISH HAWK BLVD.		Amount of Each Disbursement this Period 2.98 Transaction ID : SB17.4942
City LITHIA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066570



**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. ROBERT D ALIAGA</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015	
Mailing Address 846 KINGSBRIDGE DRIVE		Amount of Each Disbursement this Period 1315.00	
City OVEIDO	State FL	Zip Code 32765	Transaction ID : SB17.4843
Purpose of Disbursement PILOT SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ALOFT</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015	
Mailing Address 200 NORTH MONROE STREET		Amount of Each Disbursement this Period 255.26	
City TALLAHASSEE	State FL	Zip Code 32301	Transaction ID : SB17.4894
Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: LODGING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
		[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 142.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4781
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1457.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066571

**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 80			
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 1176.00 Transaction ID : SB17.4782
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 96.00 Transaction ID : SB17.4783
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4784
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1292.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066572

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.4785
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4786
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4787
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066573

**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 80	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 14.00
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.4788
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.4789
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 0.60
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.4790
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18.60
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066574

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4791
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address: 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4792
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address: 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4793
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066575

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement 11 / 20 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.4794
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement 11 / 23 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 449.88 Transaction ID : SB17.4795
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement 11 / 24 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 2.00 Transaction ID : SB17.4796
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	465.88
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066576

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>			Date of Disbursement MM / DD / YYYY 11 / 25 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 4.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4797	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. APEX</b>			Date of Disbursement MM / DD / YYYY 11 / 27 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 20.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4798	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. APEX</b>			Date of Disbursement MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 44.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4799	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066577

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM/DD/YYYY 12/02/2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4800
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM/DD/YYYY 12/09/2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4801
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM/DD/YYYY 12/10/2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 108.00 Transaction ID : SB17.4802
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	122.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066578



**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4803
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4804
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 118.00 Transaction ID : SB17.4805
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066579

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 12 / 24 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4806
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 112.00 Transaction ID : SB17.4807
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4808
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066580

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. AREA S USA STORE</b>		Date of Disbursement 10 / 30 / 2015
Mailing Address 184 FLORIDA'S TURNPIKE		Amount of Each Disbursement this Period 8.97
City OKEECHOBEE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.4975
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BISHOP MEDIA GROUP</b>		Date of Disbursement 10 / 02 / 2015
Mailing Address 673 LITTLE WEKIVA ROAD		Amount of Each Disbursement this Period 2400.00
City ALTAMONTE SPRINGS	State FL	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Transaction ID : SB17.4809
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BISHOP MEDIA GROUP</b>		Date of Disbursement 10 / 19 / 2015
Mailing Address 673 LITTLE WEKIVA ROAD		Amount of Each Disbursement this Period 1835.00
City ALTAMONTE SPRINGS	State FL	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Transaction ID : SB17.4810
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4235.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066581

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. BODACIOUS BREW COFFEE SHOP</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 407 SOUTH PALAFOX		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.4984
City PENSACOLA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BUBBALOU'S BBQ</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 5818 CONROY ROAD		Amount of Each Disbursement this Period 52.64 Transaction ID : SB17.4898
City ORLANDO	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: MEAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. BUSY BEE</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 6458 US HWY 129 NORTH		Amount of Each Disbursement this Period 4.18 Transaction ID : SB17.4998
City LIVE OAK	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066582

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. CARRABBA'S ITALIAN GRILL</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 2501 UNIVERSITY DRIVE		Amount of Each Disbursement this Period 50.00
City CORAL SPRINGS	State FL	
Zip Code 33065		Transaction ID : SB17.4969
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: MEAL		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHEVRON</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 5420 UNIVERSITY DRIVE		Amount of Each Disbursement this Period 44.34
City CORAL SPRINGS	State FL	
Zip Code 33065		Transaction ID : SB17.4971
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHICK-FIL-A</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 3100 SW COLLEGE RD		Amount of Each Disbursement this Period 47.70
City OCALA	State FL	
Zip Code 34474		Transaction ID : SB17.4888
Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: MEAL		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201602040200066583

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. CIRCLE K</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 3013 CERVANTES STREET		Amount of Each Disbursement this Period 7.56 Transaction ID : SB17.4986
City PENSACOLA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CIRCLE K</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 5108 GLENN HARWELL ROAD		Amount of Each Disbursement this Period 1.92 Transaction ID : SB17.4933
City PLANT CITY	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CITY OF WEST PALM BEACH</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address LAS OLAS STREET		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.4948
City BOCA RATON	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066584

**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)

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. COLOR REFLECTIONS LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 1409 SLIGH BLVD.		Amount of Each Disbursement this Period 170.40
City ORLANDO	State FL	Zip Code 32806
Purpose of Disbursement WILCOX REIMBURSEMENT: DIGITAL CONSULTING		Transaction ID : SB17.4877
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CORNER BAKERY CAFE</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address HARTSFIELD-JACKSON INTERNATIONAL A		Amount of Each Disbursement this Period 6.46
City ATLANTA	State GA	Zip Code 32310
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.5005
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. DAIRY QUEEN</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 3700 NW 39TH AVE		Amount of Each Disbursement this Period 7.08
City GAINSVILLE	State FL	Zip Code 32606
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.4950
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066585

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. DISNEY'S CONTEMPORARY RESORT</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 4600 N WORLD DRIVE		Amount of Each Disbursement this Period 25.00
City LAKE BUENA VISTA	State FL Zip Code 32830	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: PARKING		Transaction ID : SB17.4890
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DISPLAYIT</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 4907 GOLDEN PKWY STE 300		Amount of Each Disbursement this Period 1238.60
City BUFORD	State GA Zip Code 30518	
Purpose of Disbursement WILCOX REIMBURSEMENT: PRINTING & DESIGN SERVICES		Transaction ID : SB17.4875
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DORIS ITALIAN MARKET</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 2077 NORTH UNIVERSITY DRIVE		Amount of Each Disbursement this Period 2.89
City CORAL SPRINGS	State FL Zip Code 33065	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.4973
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

20160204020066586



**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 80
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. DOUBLETREE</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 4500 W CYPRESS ST.		Amount of Each Disbursement this Period 3956.29
City TAMPA	State FL	
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: LODGING		Transaction ID : SB17.4866
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. DOUBLETREE BY HILTON</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 101 S ADAMS STREET		Amount of Each Disbursement this Period 423.24
City TALLAHASSEE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: LODGING		Transaction ID : SB17.5007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. EXPEDIA</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 333 108TH AVE. NE		Amount of Each Disbursement this Period 207.20
City BELLEVUE	State WA	
Purpose of Disbursement WALTZ REIMBURSEMENT: TRAVEL: AIR		Transaction ID : SB17.4862
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

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

201602040200066587

**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)

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>		Date of Disbursement MM/DD/YYYY 10/02/2015
Mailing Address 1601 WILLOW RD.		Amount of Each Disbursement this Period 310.00
City MENLO PARK	State CA	
Purpose of Disbursement WILCOX REIMBURSEMENT: PLACED MEDIA		Transaction ID : SB17.4864
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK</b>		Date of Disbursement MM/DD/YYYY 12/10/2015
Mailing Address 1601 WILLOW RD.		Amount of Each Disbursement this Period 120.00
City MENLO PARK	State CA	
Purpose of Disbursement WILCOX REIMBURSEMENT: PLACED MEDIA		Transaction ID : SB17.4878
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. FERNANDEZ MEDIA</b>		Date of Disbursement MM/DD/YYYY 11/25/2015
Mailing Address 2865 GRASSMOOR LOOP		Amount of Each Disbursement this Period 500.00
City APOPKA	State FL	
Purpose of Disbursement PLACED MEDIA		Transaction ID : SB17.4817
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

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

500.00

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

201602040200066588

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. FIREWOOD BBQ</b>			Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address 180 HWY 559			Amount of Each Disbursement this Period 24.29	
City POLK CITY	State FL	Zip Code 33868	Transaction ID : SB17.4940	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FLORIDA FEDERATED WOMEN'S CONVENTION</b>			Date of Disbursement MM / DD / YYYY 12 / 10 / 2015	
Mailing Address 4444 FLORIDA NATION DRIVE			Amount of Each Disbursement this Period 750.00	
City LAKELAND	State FL	Zip Code 33813	Transaction ID : SB17.4880	
Purpose of Disbursement WILCOX REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FT DRUM SHELL</b>			Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address MM #184 FL. TURNPIKE			Amount of Each Disbursement this Period 7.33	
City OKEECHOBEE	State FL	Zip Code 34972	Transaction ID : SB17.4946	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201602040200066589

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. GOLDEN CORRAL</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 4532 S FLORIDA AVE		Amount of Each Disbursement this Period 18.28
City LAKELAND	State FL	
Zip Code 33813	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: MEAL	Transaction ID : SB17.4938
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOVERNMENT CENTER GARAGE</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 301 NORTH OLIVE AVE.		Amount of Each Disbursement this Period 8.00
City WEST PALM BEACH	State FL	
Zip Code 33406	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING	Transaction ID : SB17.4994
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 4681 LENOIR AVE		Amount of Each Disbursement this Period 437.31
City JACKSONVILLE	State FL	
Zip Code 32216	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: LODGING	Transaction ID : SB17.4988
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066590

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 975 UNIVERSITY PKWY		Amount of Each Disbursement this Period 450.10 Transaction ID : SB17.4959
City SARASOTA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HERTZ RENT-A-CAR</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 160 AVIATION DRIVE N		Amount of Each Disbursement this Period 97.94 Transaction ID : SB17.4863
City NAPLES	State FL	
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. HILTON</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 411 NORTH TAMPA AVE		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4979
City TAMPA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066591

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 411 NORTH TAMPA AVE		Amount of Each Disbursement this Period 70.95 Transaction ID : SB17.4982
City TAMPA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 13503 RANCH ROAD		Amount of Each Disbursement this Period 314.14 Transaction ID : SB17.4868
City JACKSONVILLE	State FL	
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ERIN ISAAC</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 2665 WALNUT DRIVE		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4815
City PALM HARBOR	State FL	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066592

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER MCDOUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4852
City WINDERMERE	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JENNIFER MCDOUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 148.04 Transaction ID : SB17.4853
City WINDERMERE	State FL	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JENNIFER MCDOUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4854
City WINDERMERE	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

3148.04

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

201602040200066593

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER MCDUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 352.02 Transaction ID : SB17.4855
City WINDERMERE	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JENNIFER MCDUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4856
City WINDERMERE	State FL	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JENNIFER MCDUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 148.56 Transaction ID : SB17.4857
City WINDERMERE	State FL	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.58
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066594



**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER MCDUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 846.93 Transaction ID : SB17.4858
City WINDERMERE	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JOE'S AUTO PARKS</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 189 S ORANGE AVE.		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.4872
City ORLANDO	State FL	
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	
		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 5070.00 Transaction ID : SB17.4818
City ORLANDO	State FL	
Purpose of Disbursement FIELD CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5916.93
<b>TOTAL</b> This Period (last page this line number only) .....	

20160204020066595

**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 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 11.76 Transaction ID : SB17.4819
City ORLANDO	State FL	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 734.96 Transaction ID : SB17.4820
City ORLANDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 569.45 Transaction ID : SB17.4821
City ORLANDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1316.17
<b>TOTAL</b> This Period (last page this line number only).....	

20160204020066596

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4822
City ORLANDO	State FL	
Purpose of Disbursement FIELD CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 154.29 Transaction ID : SB17.4823
City ORLANDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 537.11 Transaction ID : SB17.4824
City ORLANDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5691.40
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066597

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4825
City ORLANDO	State FL	
Purpose of Disbursement FIELD CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 111.38 Transaction ID : SB17.4826
City ORLANDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 659.57 Transaction ID : SB17.4827
City ORLANDO	State FL	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5770.95
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066598

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 111.47 Transaction ID : SB17.4828
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LANIER PARKING</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 460 BOONE AVE		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4977
City ORLANDO	State FL	
Zip Code 32802	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. LA TROPICANA CAFE</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1822 EAST 7TH AVE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.4981
City YBOR CITY	State FL	
Zip Code 33605	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	111.47
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066599

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. MR. FREDERICK W LEONHARDT</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 1317 SPRING LAKE DRIVE		Amount of Each Disbursement this Period 714.99 Transaction ID : SB17.4772
City ORLANDO	State FL	
Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. LEVEROCK'S RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 7092 PLACIDA RD		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4956  [MEMO ITEM]
City CAPE HAZE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: MEETING EXPENSE: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. MAJORITAS USA</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015
Mailing Address 1629 K STREET SUITE 300		Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.4830
City WASHINGTON	State DC	
Purpose of Disbursement PLACED MEDIA		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12714.99
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066600

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. MAJORITAS USA</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 1629 K STREET SUITE 300		Amount of Each Disbursement this Period 7750.00 Transaction ID : SB17.4831
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement PLACED MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MAJORITAS USA</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 1629 K STREET SUITE 300		Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.4832
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement PLACED MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MCDONALDS</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 4150 HWNY 326		Amount of Each Disbursement this Period 7.41 Transaction ID : SB17.4923 [MEMO ITEM]
City OCALA	State FL	
Zip Code 34482	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19750.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066601

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

<b>A. MCDONALDS</b> Full Name (Last, First, Middle Initial) Mailing Address 3420 US HWY 98 NORTH City LAKELAND State FL Zip Code 38009 Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M D D Y Y 12 10 2015 Amount of Each Disbursement this Period 9.61 Transaction ID : SB17.5013 [MEMO ITEM]
<b>B. MCO PARKING</b> Full Name (Last, First, Middle Initial) Mailing Address 94008 JEFF FUQUA BLVD. City ORLANDO State FL Zip Code 32827 Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M D D Y Y 10 09 2015 Amount of Each Disbursement this Period 68.00 Transaction ID : SB17.5011 [MEMO ITEM]
<b>C. MILLENNIUM CONSULTING, INC.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O.BOX 568926 City ORLANDO State FL Zip Code 32856 Purpose of Disbursement STRATEGY CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M D D Y Y 10 09 2015 Amount of Each Disbursement this Period 5300.00 Transaction ID : SB17.4835
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		5300.00
<b>TOTAL</b> This Period (last page this line number only).....		

201602040200066602



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. MILLENNIUM CONSULTING, INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address P.O.BOX 568926		Amount of Each Disbursement this Period 3389.00 Transaction ID : SB17.4836
City ORLANDO	State FL	
Zip Code 32856	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL CAR RENTAL</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address TALLAHASSEE REGIONAL AIRPORT		Amount of Each Disbursement this Period 172.63 Transaction ID : SB17.5009 [MEMO ITEM]
City TALLAHASSEE	State FL	
Zip Code 32310	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: CAR RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NICEBADGE</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 1710 HARBECK RD.		Amount of Each Disbursement this Period 45.54 Transaction ID : SB17.4873 [MEMO ITEM]
City GRANTS PASS	State OR	
Zip Code 97527	Purpose of Disbursement WILCOX REIMBURSEMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3389.00
TOTAL This Period (last page this line number only).....	

20160204020066603

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT NUNZIATA</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2015
Mailing Address 2351 FORREST ROAD		Amount of Each Disbursement this Period 958.61 Transaction ID : SB17.4775
City WINTER PARK	State FL	
Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. PANERA BREAD</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address CAFE 4177 APOPKA VINELAND ROAD		Amount of Each Disbursement this Period 6.43 Transaction ID : SB17.4996
City ORLANDO	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 3124.52 Transaction ID : SB17.5076
City OVIEDO	State FL	
Purpose of Disbursement IN-KIND: TRAVEL: CANDIDATE LEASED AIRCRAFT SEE MEMOS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

[MEMO ITEM]

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

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

958.61
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201602040200066604

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 1847.25
City OVIEDO	State FL	
Zip Code 32765	Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS	Transaction ID : SB17.5077
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 2225.85
City OVIEDO	State FL	
Zip Code 32765	Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS	Transaction ID : SB17.5078
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 1288.65
City OVIEDO	State FL	
Zip Code 32765	Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS	Transaction ID : SB17.5079
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

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

0.00
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**TOTAL** This Period (last page this line number only).....

201602040200066605

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 4150.25 Transaction ID : SB17.5080
City OVIEDO	State FL	
Zip Code 32765	Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 1256.50 Transaction ID : SB17.5081
City OVIEDO	State FL	
Zip Code 32765	Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PILOT</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 3051 STATE ROAD 60		Amount of Each Disbursement this Period 1.92 Transaction ID : SB17.4927
City OKEECHOBEE	State FL	
Zip Code 34972	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....

201602040200066606

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. POACHED</b>		Date of Disbursement MM/DD/YYYY 12/10/2015
Mailing Address 2355 VANDERBILT BEACH ROAD		Amount of Each Disbursement this Period 15.90
City NAPLES	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: MEAL		Transaction ID : SB17.4913
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. POST OFFICE-WINDERMERE</b>		Date of Disbursement MM/DD/YYYY 11/06/2015
Mailing Address 9300 CONROY WINDERMERE ROAD		Amount of Each Disbursement this Period 13.25
City WINDERMERE	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: POSTAGE		Transaction ID : SB17.4899
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. POST OFFICE-WINDERMERE</b>		Date of Disbursement MM/DD/YYYY 12/03/2015
Mailing Address 9300 CONROY WINDERMERE ROAD		Amount of Each Disbursement this Period 11.50
City WINDERMERE	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: POSTAGE		Transaction ID : SB17.4884
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" 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).....	

201602040200066607

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PUBLIX</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 303 SE 17TH STREET		Amount of Each Disbursement this Period 113.97
City OCALA	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: EVENT STAGING EXPENSE		Transaction ID : SB17.4886
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. QUICK N SAVE</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 416 EAST TENNESSEE		Amount of Each Disbursement this Period 35.46
City TALLAHASSEE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		Transaction ID : SB17.5001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. RACE TRAC</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 1150 AIRPORT PULLING ROAD		Amount of Each Disbursement this Period 5.08
City NAPLES	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		Transaction ID : SB17.4915
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066608

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 5521.45 Transaction ID : SB17.4837
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 5555.51 Transaction ID : SB17.4838
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.4839
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16576.96
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066609

**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)

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. REDEYE COFFEE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 1122 THOMASVILLE ROAD		Amount of Each Disbursement this Period 7.42 Transaction ID : SB17.4921
City TALLAHASSEE	State FL	
Zip Code 32303		Category/ Type
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN PARTY OF FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 450 EAST JEFFERSON STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4841
City TALLAHASSEE	State FL	
Zip Code 32301		Category/ Type
Purpose of Disbursement EVENT REGISTRATION FEE		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN PARTY OF FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 450 EAST JEFFERSON STREET		Amount of Each Disbursement this Period 1588.44 Transaction ID : SB17.4881
City TALLAHASSEE	State FL	
Zip Code 32301		Category/ Type
Purpose of Disbursement WILCOX REIMBURSEMENT: EVENT REGISTRATION FEE		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066610



**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 65 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. RESIDENCE INN MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 4075 TAMIAMI TRAIL NORTH		Amount of Each Disbursement this Period 557.70
City NAPLES	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: LODGING		Transaction ID : SB17.4911
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ROCCOS TACOS</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 225 CLEMANTIS STREET		Amount of Each Disbursement this Period 30.74
City WEST PALM BEACH	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.4965
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ROSEN SHINGLE CREEK</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 9939 UNIVERSAL BLVD.		Amount of Each Disbursement this Period 42.00
City ORLANDO	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING		Transaction ID : SB17.4936
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066611

**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 66 OF 80

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. ROSEN SHINGLE CREEK</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 9939 UNIVERSAL BLVD.		Amount of Each Disbursement this Period 629.76
City ORLANDO	State FL	
Zip Code 32819	Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: LODGING	Transaction ID : SB17.4883
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 10716 ATLANTIC BLVD.		Amount of Each Disbursement this Period 5.72
City JACKSONVILLE	State FL	
Zip Code 32225	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4990
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1541 BELVEDERE ROAD		Amount of Each Disbursement this Period 5.56
City WEST PALM BEACH	State FL	
Zip Code 33406	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4992
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....

201602040200066612

**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)

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 6000 NORTH TAMIMIAMI TRAIL		Amount of Each Disbursement this Period 8.59
City SARASOTA	State FL	
Zip Code 34243		Transaction ID : SB17.4957
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 700 BAYFRONT PKWY		Amount of Each Disbursement this Period 5.01
City PENSACOLA	State FL	
Zip Code 32502		Transaction ID : SB17.4907
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 701 HARBOR BLVD.		Amount of Each Disbursement this Period 2.36
City DESTIN	State FL	
Zip Code 32541		Transaction ID : SB17.4909
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201602040200066613

**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 68 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 6000 NORTH TAMIMIAMI TRAIL		Amount of Each Disbursement this Period 9.26 Transaction ID : SB17.4917
City SARASOTA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 530 GAINES STREET		Amount of Each Disbursement this Period 29.47 Transaction ID : SB17.4903
City TALLAHASSEE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SQUARE, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 123.25 Transaction ID : SB17.4844
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	123.25
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066614

**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 69 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. SQUARE, INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 2.75	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : SB17.4845
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. SQUARE, INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 3.65	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : SB17.4846
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. SQUARE, INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015	
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 129.80	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : SB17.4847
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	136.20
TOTAL This Period (last page this line number only).....	

201602040200066615

**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 70 OF 80

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. SQUARE, INC.</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 87.65 Transaction ID : SB17.4848
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 740 COLLIER BLVD.		Amount of Each Disbursement this Period 5.25 Transaction ID : SB17.4963 [MEMO ITEM]
City MARCO ISLAND	State FL	
Zip Code 34145	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 302 PLAZA REAL		Amount of Each Disbursement this Period 13.50 Transaction ID : SB17.4944 [MEMO ITEM]
City BOCA RATON	State FL	
Zip Code 33432	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

87.65
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201602040200066616

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015	
Mailing Address 1401 1ST STREET		Amount of Each Disbursement this Period 5.68 Transaction ID : SB17.4919  [MEMO ITEM]	
City SARASOTA	State FL		Zip Code 34243
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015	
Mailing Address 4602 WEST COLLEGE ROAD		Amount of Each Disbursement this Period 7.74 Transaction ID : SB17.4925  [MEMO ITEM]	
City OCALA	State FL		Zip Code 34482
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015	
Mailing Address 15495 NORTH TAMiami TRAIL		Amount of Each Disbursement this Period 7.74 Transaction ID : SB17.4929  [MEMO ITEM]	
City NAPLES	State FL		Zip Code 34103
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066617

**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 72 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 5006 EAST FOWLER		Amount of Each Disbursement this Period 11.82
City TAMPA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.4935
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. THE PLAZA</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 189 S ORANGE AVE.		Amount of Each Disbursement this Period 19.00
City ORLANDO	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: TRAVEL: PARKING		Transaction ID : SB17.4892
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. THE UPS STORE</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 13505 SUMMERPORT VILLAGE PKWY		Amount of Each Disbursement this Period 11.70
City WINDERMERE	State FL	
Purpose of Disbursement MCDUGALD REIMBURSEMENT: POSTAGE		Transaction ID : SB17.4901
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

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

201602040200066618



**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 73 OF 80

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. TUSCAN SUN</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address TALLAHASSEE REGIONAL AIRPORT		Amount of Each Disbursement this Period 3.21 Transaction ID : SB17.5003 [MEMO ITEM]
City TALLAHASSEE	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 111 W RIO SALADO PKWY		Amount of Each Disbursement this Period 422.20 Transaction ID : SB17.4870 [MEMO ITEM]
City TEMPE	State AZ	
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: AIR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USF PARKING</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 4205 FOWLER		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.4931 [MEMO ITEM]
City TAMPA	State FL	
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	

201602040200066619

**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)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 501 SOUTH KIRKMAN ROAD		Amount of Each Disbursement this Period 82.00 Transaction ID : SB17.4905
City ORLANDO	State FL	
Zip Code 32861	Purpose of Disbursement ROBINSON REIMBURSEMENT: PO BOX	Category/ Type <b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: 2016 <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:	

Full Name (Last, First, Middle Initial) <b>B. VILLA PIZZA</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 184 FLORIDA'S TURNPIKE		Amount of Each Disbursement this Period 9.35 Transaction ID : SB17.4967
City OKEECHOBEE	State FL	
Zip Code 34972	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	Category/ Type <b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: 2016 <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:	

Full Name (Last, First, Middle Initial) <b>C. WALGREENS</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 9200 CONROY WINDERMERE RD.		Amount of Each Disbursement this Period 19.17 Transaction ID : SB17.4896
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement MCDUGALD REIMBURSEMENT: EVENT STAGING EXPENSE	Category/ Type <b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: 2016 <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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066620

**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 75 OF 80	
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL WALTZ</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 411 G ST SW		Amount of Each Disbursement this Period 207.20 Transaction ID : SB17.4833
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TODD WILCOX</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address PO BOX 616308		Amount of Each Disbursement this Period 6564.11 Transaction ID : SB17.4850
City ORLANDO	State FL	
Zip Code 32861	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 00	

Full Name (Last, First, Middle Initial) <b>C. TODD WILCOX</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address PO BOX 616308		Amount of Each Disbursement this Period 2458.44 Transaction ID : SB17.4851
City ORLANDO	State FL	
Zip Code 32861	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9229.75
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200066621

**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)

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. TODD WILCOX</b>		Date of Disbursement MM/DD/YYYY 12/31/2015	
Mailing Address PO BOX 616308		Amount of Each Disbursement this Period 13893.02 Transaction ID : SB17.5055	
City ORLANDO	State FL		Zip Code 32861
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: FL	District: 00		

Full Name (Last, First, Middle Initial) <b>B. YELLOW CAB MIAMI</b>		Date of Disbursement MM/DD/YYYY 11/06/2015	
Mailing Address 3600 NW 37TH CT		Amount of Each Disbursement this Period 34.25 Transaction ID : SB17.4954 [MEMO ITEM]	
City MIAMI	State FL		Zip Code 33142
Purpose of Disbursement ROBINSON REIMBURSEMENT: TAXI			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. ZEST RESTAURANT</b>		Date of Disbursement MM/DD/YYYY 11/06/2015	
Mailing Address 200 SOUTH BISCAYNE BLVD.		Amount of Each Disbursement this Period 6.81 Transaction ID : SB17.4952 [MEMO ITEM]	
City MIAMI	State FL		Zip Code 33131
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13893.02
<b>TOTAL</b> This Period (last page this line number only).....	127140.45

201602040200066622

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

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21  
 PAGE 77 OF 80

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A. MS. DOROTHY LIDSKY**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 10 / 22 / 2015

Mailing Address 5910 CAYMUS LOOP

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period: 2200.00  
Transaction ID : SB20A.4859

**B. MR. ISSAC LIDSKY**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 10 / 22 / 2015

Mailing Address 5910 CAYMUS LOOP

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period: 2200.00  
Transaction ID : SB20A.4860

**C.**

Full Name (Last, First, Middle Initial)  
Date of Disbursement:

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4400.00
<b>TOTAL</b> This Period (last page this line number only).....	4400.00

201602040200066623

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : **SC/10.4190**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**TODD WILCOX**  Primary  
Mailing Address PO BOX 616308  General  
 Other (specify) ▼

City State ZIP Code  
ORLANDO FL 32861

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 0.00 100000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
06 / 18 / 2015 M M / D D / 12/31/2018 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00  
**TOTALS** This Period (last page in this line only) .. ▶

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

201602040200066624

**SCHEDULE C (FEC Form 3)  
LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : **SC/10.4191**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**TODD WILCOX**  Primary  
 Mailing Address  General  
 PO BOX 616308  Other (specify) ▼

City State ZIP Code  
 ORLANDO FL 32861

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 400000.00 0.00 400000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 09 / 30 / 2015 M M / D D / 12/31/2018 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)... 400000.00  
**TOTALS** This Period (last page in this line only) ..

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

201602040200066625

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : **SC/10.4770**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**TODD WILCOX**  Primary  
Mailing Address  General  
PO BOX 616308  Other (specify) ▼

City State ZIP Code  
ORLANDO FL 32861

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
250000.00 0.00 250000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2015 M M / D D / Y 12/31/2018 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)... ▶ 250000.00  
**TOTALS** This Period (last page in this line only).. ▶ 750000.00  
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201602040200066626



Insert shipping document here.

ORIGIN ID:MXGA (617) 303-8800  
BRND  
RED CURVE SOLUTIONS  
138 CONANT ST  
2ND FLOOR  
BEVERLY MA 01915  
UNITED STATES US

SHIP DATE: 29 JAN 16  
ACT WGT: 0.30 LB  
CAD: 105853717/NET/3730

BILL SENDER

TO  
SENATE OFFICE OF PUBLIC RECORDS  
SENATE OFFICE OF PUBLIC RECORDS  
232 HART SENATE OFFICE BUILDING

WASHINGTON DC 20510

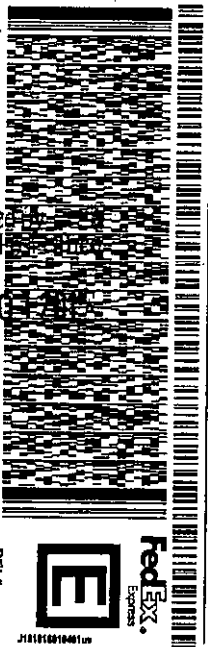
(202) 224-0322  
KY: REF  
PO: DEPT

DEPT

540J10E617727F

Extremely Urgent

FedEx Ship Manager - Print Your Label(s)



REF #  
3783346

MON - 01 FEB 3:00P

TRK# 7755 3265 3452  
0201

STANDARD OVERNIGHT

SA YKNA

20510  
IAD  
received by State Post Office  
dc-us



1/29/2016

ress

RT 729 7  
16:00 3452  
02.01

FZ

22999900002070209102

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>1/29/16</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

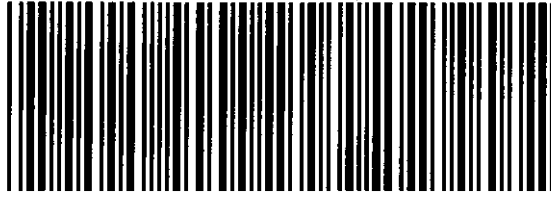
POSTMARK ILLEGIBLE  POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

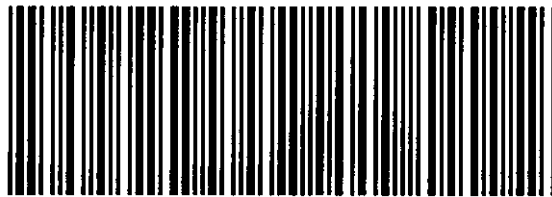
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/3/16

201602040200066628



SEN PATCH



SEN PATCH

201602040200066629