

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CAROL PLATT FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21050.00	21050.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21050.00	21050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2393.42	2393.42
(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)).....	2393.42	2393.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18656.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CAROL PLATT FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20650.00	20650.00
(ii) Unitemized.....	400.00	400.00
(iii) TOTAL of contributions from individuals ▶	21050.00	21050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21050.00	21050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.03	0.03
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	21050.03	21050.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2393.42	2393.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2393.42	2393.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21050.03
25. SUBTOTAL (add Line 23 and Line 24).....	21050.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2393.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18656.61

**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 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Bauknight

Mailing Address 5600 E Irlo Bronson Hwy

City State Zip Code
St. Cloud FL 34771

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

Name of Employer Occupation
Bauknight Insurance Associates Insurance Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
500.00

Primary Contribution

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

Mailing Address PO Box 4308

City State Zip Code
Ocala FL 34478

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

Name of Employer Occupation
Self-Employed Real Estate Brocker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
500.00

Primary Contribution

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

Mailing Address 300 Lost Lake Drive

City State Zip Code
Lake Placid FL 33852

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

Name of Employer Occupation
Lost Lake Groves Citrus Grower

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
250.00

Primary Contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ann Hodges

Mailing Address 8655 Glyborne Ct

City Orlando State FL Zip Code 32825

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
 250.00

Primary Contribution

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

Mailing Address 1817 Laurel Glen Cv

City Lakeland State FL Zip Code 33803

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

Name of Employer Hillsborough School Board Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
 500.00

Primary Contribution

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

Mailing Address 1817 Laurel Glen Cv

City Lakeland State FL Zip Code 33803

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

Name of Employer Farm Credit of Central Florida Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period
 500.00

Primary Contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cheryl Livingston

Mailing Address 3396 Kissimmee Park Road

City St. Cloud State FL Zip Code 34772

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

Name of Employer Valencia College Occupation librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period
 1000.00

Primary Contribution

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

Mailing Address PO Box 2158

City Auburndale State FL Zip Code 33823

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

Name of Employer Baron Myers Realty Occupation Real Estate Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
 250.00

Primary Contribution

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

Mailing Address PO Box 347

City Zolfo State FL Zip Code 33890

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

Name of Employer Self Occupation Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period
 1000.00

Primary Contribution

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Platt		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2013	
Mailing Address PO Box 172		Transaction ID : SA11AI.4111	
City St. Cloud	State FL	Zip Code 33772	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation Rancher	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. John Platt		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2013	
Mailing Address PO Box 172		Transaction ID : SA11AI.4170	
City St. Cloud	State FL	Zip Code 33772	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation Rancher	General Contribution	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. Shane Platt		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2013	
Mailing Address 302 Overlook Drive		Transaction ID : SA11AI.4105	
City Winter Haven	State FL	Zip Code 33884	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation Rancher	General Contribution	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shane Platt

Mailing Address 302 Overlook Drive

City Winter Haven State FL Zip Code 33884

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

Name of Employer Self-Employed Occupation Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2013

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
2600.00
 Primary Contribution

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

Mailing Address 1348 E Lake Cannon Drive

City Winter Haven State FL Zip Code 33881

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

Name of Employer Self-Employed Occupation Citrus Grower

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period
500.00
 Primary Contribution

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

Mailing Address 2502 Partridge Drive

City Winter Haven State FL Zip Code 33884

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

Name of Employer Labor Solutions Occupation Employment Agency Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period
2600.00
 Primary Contribution

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rebecca Troutman

Mailing Address 2502 Partridge Drive

City Winter Haven State FL Zip Code 33844

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

Name of Employer Homemaker Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11Al.4197

Amount of Each Receipt this Period
 2400.00

Primary Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2400.00

20650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cardinals FEC Compliance Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address PO Box 6		Amount of Each Disbursement this Period 268.50 Transaction ID : SB17.4178
City Georgetown	State TX	
Zip Code 78627	Purpose of Disbursement Accounting and Reporting	Category/ Type 001
Candidate Name CAROL PLATT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

Full Name (Last, First, Middle Initial) B. FedEx		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 1210 12th Street		Amount of Each Disbursement this Period 117.09 Transaction ID : SB17.4115
City St. Cloud	State FL	
Zip Code 34769	Purpose of Disbursement Printing/ Flyers	Category/ Type 001
Candidate Name CAROL PLATT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

Full Name (Last, First, Middle Initial) c. Harland Clarke		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2013
Mailing Address 10931 Laureate Drive		Amount of Each Disbursement this Period 149.80 Transaction ID : SB17.4113
City San Antonio	State TX	
Zip Code 78249	Purpose of Disbursement Checks	Category/ Type 001
Candidate Name CAROL PLATT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

SUBTOTAL of Disbursements This Page (optional).....	535.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marco Island Marriot		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 400 South Collier Boulevard		Amount of Each Disbursement this Period 161.09 Transaction ID : SB17.4165
City Marco Island State FL Zip Code 34145	Purpose of Disbursement Lodging 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Opinion Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 551.47 Transaction ID : SB17.4117
City Tallahassee State FL Zip Code 32312	Purpose of Disbursement Expense Reimbursement 002 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Zaxby's		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address 3351 West Silver Spring Blvd		Amount of Each Disbursement this Period 9.31 Transaction ID : SB17.4117.0 [MEMO ITEM]
City Ocala State FL Zip Code 34475	Purpose of Disbursement Food and Beverage 002 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	712.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Buffalo Wild Wings		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 11400 University Blvd		Amount of Each Disbursement this Period 28.94
City Orlando State FL Zip Code 32817	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4117.1
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) B. Hertz		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 3204 W Tennessee St		Amount of Each Disbursement this Period 109.26
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement Car Rental	Transaction ID : SB17.4117.2
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) c. Denny's		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 2051 E. Space Cst. Pkwy		Amount of Each Disbursement this Period 20.96
City Kissimmee State FL Zip Code 34744	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4117.3
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aztec's Mexican Restaurant		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 805 North Main Street		Amount of Each Disbursement this Period 30.63
City Kissimmee	State FL	
Purpose of Disbursement Food and Beverage	Category/ Type 001	Transaction ID : SB17.4117.4 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

Full Name (Last, First, Middle Initial) B. Circle K		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 401 N John Young		Amount of Each Disbursement this Period 34.87
City Orlando	State FL	
Purpose of Disbursement Food and Beverage	Category/ Type 002	Transaction ID : SB17.4117.5 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

Full Name (Last, First, Middle Initial) c. Love's		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 7791 NW 47th Ave		Amount of Each Disbursement this Period 25.41
City Ocala	State FL	
Purpose of Disbursement Transportation- Gas	Category/ Type 002	Transaction ID : SB17.4117.6 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marriott		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address 11801 High Tech Ave		Amount of Each Disbursement this Period 130.62
City Orlando State FL Zip Code 32817	Purpose of Disbursement Lodging	Transaction ID : SB17.4117.7
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) B. Avis		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address 3300 Capitol Circle SW Ste 19		Amount of Each Disbursement this Period 51.02
City Tallahassee State FL Zip Code 32310	Purpose of Disbursement Car Rental	Transaction ID : SB17.4117.8
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) c. RaceTrac		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 1720 E Irlo Bronson Hwy		Amount of Each Disbursement this Period 6.41
City Kissimmee State FL Zip Code 34744	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4117.9
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Denny's		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 2051 E. Space Cst. Pkwy		Amount of Each Disbursement this Period 16.62
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4117.10 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) B. Pollo Tropical		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 1953 Lake Oseola Pakrway		Amount of Each Disbursement this Period 9.41
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4117.11 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) C. CVS		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 3535 13th Street		Amount of Each Disbursement this Period 26.75
City St. Cloud	State FL	
Zip Code 34769	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4117.12 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Village Inn		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 4571 13th Street		Amount of Each Disbursement this Period 16.67
City St. Cloud State FL Zip Code 34769	Purpose of Disbursement Food and Beverage 001	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.4117.13 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. RaceTrac		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address 1720 E Irlo Bronson Hwy		Amount of Each Disbursement this Period 34.59
City Kissimmee State FL Zip Code 34744	Purpose of Disbursement Transportation- Gas 002	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.4117.14 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Opinion Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 295.47
City Tallahassee State FL Zip Code 32312	Purpose of Disbursement Expense Reimbursement 002	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.4149
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	295.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dairy Queen		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2013
Mailing Address 2548 SW US 221		Amount of Each Disbursement this Period 7.51
City Greenville State FL Zip Code 32331	Purpose of Disbursement Food and Beverage	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.4149.0 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Hertz		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 3204 W Tennessee St		Amount of Each Disbursement this Period 34.21
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement Car Rental	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.4149.1 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09	Category/Type 002	

Full Name (Last, First, Middle Initial) c. Sonny's St. Cloud		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address 4475 13th Street		Amount of Each Disbursement this Period 39.32
City St. Cloud State FL Zip Code 34769	Purpose of Disbursement Food and Beverage	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.4149.2 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09	Category/Type 002	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hertz		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 3204 W Tennessee St		Amount of Each Disbursement this Period 61.22
City Tallahassee	State FL Zip Code 32301	
Purpose of Disbursement Car Rental	Category/Type 002	Transaction ID : SB17.4149.3 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) B. Boringuen Restaurant		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2013
Mailing Address 888 Cyress Parkway		Amount of Each Disbursement this Period 43.93
City Poinciana	State FL Zip Code 34759	
Purpose of Disbursement Food and Beverage	Category/Type 002	Transaction ID : SB17.4149.4 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) c. Chili's Grill and Bar		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2013
Mailing Address 4650 13th Street		Amount of Each Disbursement this Period 23.44
City St. Cloud	State FL Zip Code 34769	
Purpose of Disbursement Food and Beverage	Category/Type 002	Transaction ID : SB17.4149.5 [MEMO ITEM]
Candidate Name CAROL PLATT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Murphy USA		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2013
Mailing Address 1461 E Osceola Pkwy		Amount of Each Disbursement this Period 42.50 Transaction ID : SB17.4149.6
City State Zip Code Kissimmee FL 34744	Purpose of Disbursement Transportation- Gas	
Candidate Name CAROL PLATT FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Koffee Kup Kafe		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2013
Mailing Address 1407 13th Street		Amount of Each Disbursement this Period 43.34 Transaction ID : SB17.4149.7
City State Zip Code St. Cloud FL 34769	Purpose of Disbursement Food and Beverage	
Candidate Name CAROL PLATT FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09	Category/Type 002	

Full Name (Last, First, Middle Initial) c. Opinion Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.4164
City State Zip Code Tallahassee FL 32312	Purpose of Disbursement Political Consulting	
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	2393.42