

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 16 OCT 19 AM 10:14 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

REGINALD LUSTER FOR U.S. SENATE

ADDRESS (number and street)

1751 UNIVERSITY BLVD SOUTH

Check if different than previously reported. (ACC)

JACKSONVILLE FL FL 32216

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00620526

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

STATE DISTRICT

FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 08 30 2016 in the State of FL

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

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

Election on in the State of

5. Covering Period

08 11 2016 through 09 30 2016

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

Type or Print Name of Treasurer Hubert W Gill

Signature of Treasurer

Handwritten signature of Hubert W Gill

Date

10 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

REGINALD LUSTER FOR US SENATE

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>11 20<sup>Y</sup>16 To: <sup>M</sup>09 <sup>D</sup>30 20<sup>Y</sup>16

	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)) ..	3,295.05	31,323.97
(b) Total Contribution Refunds (from Line 20(d)) ..	0	
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	3,295.05	31,323.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	3,275.35	29,769.56
(b) Total Offsets to Operating Expenditures (from Line 14)...	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	3,275.35	29,769.56
8. Cash on Hand at Close of Reporting Period (from Line 27)...	2,118.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	,	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	2,880.00	

For further information contact:

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

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

201610200200502571

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

REGINALD LUSTER FOR US SENATE

Report Covering the Period: From: 08-11-2016

To: 9-30-2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	295.05	10995.05
(ii) Unitemized .....		
(iii) TOTAL of contributions from individuals .		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs) ..		15,000.00
(d) The Candidate .....	3000.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...		
(b) All Other Loans...	0200.00	2,880.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>		
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	3295.05	28,875.05

201610200200502572

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	3,275.35	29,363.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans .....	1,035.00	1,035.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	1,035.00	1,035.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees..		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs) ..		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ..		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4,310.35	30,398.19

**III. CASH SUMMARY**

201610200200502573

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... <i>As adjusted</i>	3,127.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	3,295.05
25. SUBTOTAL (add Line 23 and Line 24)...	6,422.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4,310.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	2,111.78

**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	OF
<input 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)  
**REGINALD LUSTER FOR US SENATE**

A. Full Name (Last, First, Middle Initial)  
**Jones Kenneth W**

Mailing Address  
**8219 Sabal Oak LN**

City **Jacksonville** State **FL** Zip Code **32256**

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

Name of Employer **St Vincent's Ambulatory** Occupation **Doctor**

Receipt For: Election Cycle-to-Date **250.00**

Primary  General  
Other (specify) ▼

Date of Receipt  
**06 20 2016**

Amount of Each Receipt this Period  
**0**

Memo Item

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

Mailing Address  
**10990 Hickory Trace LN**

City **Jacksonville** State **FL** Zip Code **32256**

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

Name of Employer Occupation

Receipt For: Election Cycle-to-Date **250.00**

Primary  General  
Other (specify) ▼

Date of Receipt  
**06 20 2016**

Amount of Each Receipt this Period  
**0**

Memo Item

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

Mailing Address  
**13436 Nottingham Knoll CT**

City **Jacksonville** State **FL** Zip Code **32225**

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

Name of Employer Occupation

Receipt For: Election Cycle-to-Date **750.00**

Primary  General  
Other (specify) ▼

Date of Receipt  
**6 - 20 - 2016**

Amount of Each Receipt this Period  
**0**

Memo Item

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

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

201610200200502574

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

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NAME OF COMMITTEE (In Full)  
**REGINALD LUSTER FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>Chandler Tommy</b>			Date of Receipt <b>05 23 2016</b>
Mailing Address <b>10991 Burnt Mill Rd #1301</b>			Amount of Each Receipt this Period <b>0</b>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32256</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Memo Item
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ <b>500 00</b>	

Full Name (Last, First, Middle Initial) <b>Curtis Miranda</b>			Date of Receipt <b>05 23 2016</b>
Mailing Address <b>7025 West Lyster Cir</b>			Amount of Each Receipt this Period <b>0</b>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32209</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Memo Item
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>Platts Eleanor</b>			Date of Receipt <b>05 23 2016</b>
Mailing Address <b>4751 Sherman Hills Parkway</b>			Amount of Each Receipt this Period <b>0</b>
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32229</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Memo Item
Name of Employer		Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional).....	<b>0</b>
TOTAL This Period (last page this line number only).....	

201610200200502575

**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		OF						
<input 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"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**REGINALD LUSTER FOR US SENATE**

A. Full Name (Last, First, Middle Initial)  
**Smith Michelle**

Mailing Address  
**7800 West Oakland PK Blvd # B304**

City **Sunrise** State **FL** Zip Code **33351**

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

Name of Employer **Smith Law Firm** Occupation **Attorney**

Receipt For:  
 Primary  General  
Other (specify) ▼

Election Cycle-to-Date **1000.00**

Date of Receipt  
**07 16 2016**

Amount of Each Receipt this Period  
**0**

Memo Item

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

Mailing Address  
**4015 Duval DR**

City **Jacksonville** State **FL** Zip Code **32250**

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

Name of Employer **Harris Brown PA** Occupation **Attorney**

Receipt For:  
 Primary  General  
Other (specify) ▼

Election Cycle-to-Date **500.00**

Date of Receipt  
**07 16 2016**

Amount of Each Receipt this Period  
**0**

Memo Item

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

Mailing Address  
**3126 Heybridge LN**

City **Milton** State **GA** Zip Code **30004**

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

Name of Employer **COX** Occupation **Attorney**

Receipt For:  
 Primary  General  
Other (specify) ▼

Election Cycle-to-Date **300.00**

Date of Receipt  
**07 26 2016**

Amount of Each Receipt this Period  
**0**

Memo Item

SUBTOTAL of Receipts This Page (enter) **0**

201610200200502576

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

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

FOR LINE NUMBER: PAGE OF  
(check only one)

<input 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)

*Reginald Luster For US Senate*

Full Name (Last, First, Middle Initial)

A. *Luster Reginald*

Mailing Address

*3017 Southern Hills CIR W*

City

*Jacksonville*

State

*FL*

Zip Code

*32225*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Reginald Luster PA*

Occupation

*Attorney*

Receipt For:

Primary       General  
 Other (specify) ▼

Election Cycle-to-Date

*15,000.00*

Date of Receipt

*06 09 2014*

Amount of Each Receipt this Period

*2500.00*

Memo Item

Full Name (Last, First, Middle Initial)

B. *Robinson James*

Mailing Address

*2396 N Edgewood Ave*

City

*Jacksonville*

State

*FL*

Zip Code

*32254*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Robin chiropractor*

Occupation

*chiropractor*

Receipt For:

Primary       General  
 Other (specify) ▼

Election Cycle-to-Date ▼

*250.00*

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. *Wilson Carter*

Mailing Address

*6910 Atlantic Blvd*

City

*Jacksonville*

State

*FL*

Zip Code

*32211*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Advanced Healthcare CTR*

Occupation

*MD*

Receipt For:

Primary       General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

*2500.00*

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

*2500.00*

201610200200502577



**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full)

**REGINALD LUSTER FOR US SENATE**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

- Primary
- General
- Other (specify) ▼

**Wells Fargo Credit card 4465**

Mailing Address

**P.O. Box 6995**

City State ZIP Code

**Portland OR 97228**

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

**1,650.00 1,035.00 1,880.00**

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
M M /		M M D D Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)...

**1,880.00**

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.

201610200200502578

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
**REGINALD LUSTER FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		Memo Item	Election:
Business Loan - Reginald Luster PA			Primary General Other (specify) ▼
Mailing Address			
1751 University Blvd S			
City	State	ZIP Code	Personal Funds of the Candidate
Jacksonville	FL	32216	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0	1000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04-20-2016		% (apr)	Yes <input checked="" type="checkbox"/> 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:	

<b>SUBTOTALS</b> This Period This Page (optional)...	.. ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only) ..	.. ▶	2880.00

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

201610200200502579

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Reginald Luster for us senate</i>	Report Covering Period: From:	To:
	M M / D D / Y Y Y Y 08 / 11 / 2016	M M / D D / Y Y Y Y 09 / 30 / 2016

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A		
B	Column Total Last Page Only.....	

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A		2500.00				1265.00
B		15,000.00				2880.00
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	1265.00			3295.05	3275.35	
B	2880.00			28875.05	29363.19	
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A		1035.00	1035.00			
B		1035.00	1035.00			
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A			4310.35	As adjusted 3127.08	2111.78	
B			30398.19			
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A		3295.05	3275.35			
B		31,323.97	29,769.56			

201610200200502580

**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	OF
<input 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)  
*Reginald Luster For US Senate*

A. Full Name (Last, First, Middle Initial)  
*Alvin W. Barlow*

Mailing Address  
*285 Christen DR*

City State Zip Code  
*Jacksonville FL 32218*

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

Name of Employer Occupation  
*A. Wellington Barlow PA Attorney*

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date  
*500.00*

Date of Receipt  
*08/12/2016*

Amount of Each Receipt this Period  
*500.00*

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) ..... *500.00*

TOTAL This Period (last page this line number only) ..... *3,000.00*

201610200200502581

CERTIFIED MAIL

701610209200502582

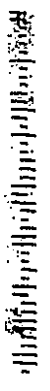


7016 1370 0002 1006 4536

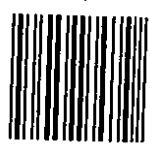
Hubert W. Gill  
1751 University Blvd S  
Jacksonville, FL 32216

**SCREENED** Secretary of the Senate  
**BY THE SENATE** Office of Public Records  
**POST OFFICE** - O. Box 77578  
**RETURN RECEIPT**  
**REQUESTED** Washington, DC 20013-7578

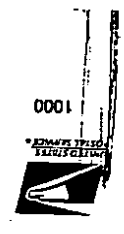
200130578 1300



U.S. POSTAGE  
PAID  
DELAND, FL  
32724  
OCT 15 18  
AMOUNT  
**\$6.68**  
R2305M148902-11



20013



1000

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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

USPS FIRST CLASS MAIL 10-19-16  
Date of Receipt

10-15-16  
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	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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

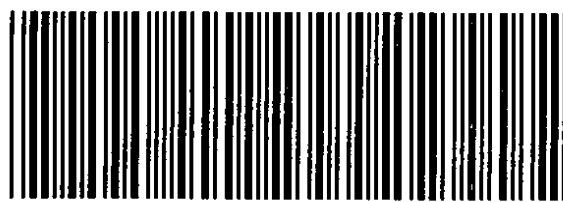
POSTMARK ILLEGIBLE  NO POSTMARK

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

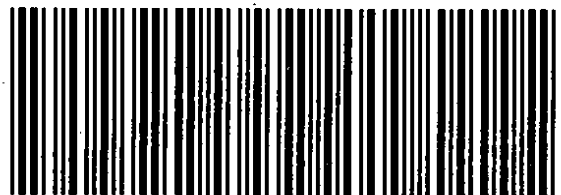
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-19-16

201610200200502583



SEN PATCH



SEN PATCH

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