

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
ED MACDOUGALL CAMPAIGN

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))....	250.00	20050.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	250.00	19850.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21379.25	56261.61
(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)).....	21379.25	56261.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4588.39	
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).....	41000.00	

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

ED MACDOUGALL CAMPAIGN

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).....	50.00	16800.00
(ii) Unitemized.....	200.00	3250.00
(iii) TOTAL of contributions from individuals ▶	250.00	20050.00
(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))..	250.00	20050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	41000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	41000.00
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)..... ▶	250.00	61050.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21379.25	56261.61
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	200.00
(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	200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21379.25	56461.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25717.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	250.00
25. SUBTOTAL (add Line 23 and Line 24).....	25967.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21379.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4588.39

**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 17
	<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)
ED MACDOUGALL CAMPAIGN

A. Full Name (Last, First, Middle Initial)
Donald Cuccaro

Mailing Address 4681 N Lena Drive

City Beverly Hills State FL Zip Code 34465-3182

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

Name of Employer Retired Occupation Retired

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
09 / 10 / 2013

Transaction ID : SA11Al.4362

Amount of Each Receipt this Period
50.00

Check

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).....

50.00

50.00

**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 6 OF 17			
	<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)
ED MACDOUGALL CAMPAIGN

Full Name (Last, First, Middle Initial) A. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 000,000.00 100.00
City Cooper City	State FL	
Purpose of Disbursement Reimbursement for WiFi	Category/ Type 001	Transaction ID : SB17.4352 [MEMO ITEM]
Candidate Name ED MACDOUGALL CAMPAIGN	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26		

Full Name (Last, First, Middle Initial) B. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 000,000.00 3000.00
City Cooper City	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	Transaction ID : SB17.4351
Candidate Name ED MACDOUGALL CAMPAIGN	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26		

Full Name (Last, First, Middle Initial) c. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 000,000.00 3000.00
City Cooper City	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	Transaction ID : SB17.4354
Candidate Name ED MACDOUGALL CAMPAIGN	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26		

SUBTOTAL of Disbursements This Page (optional).....	000,000.00 6000.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4352

Verizon Wireless 1450 NW 87th Ave Ste 101 Doral FL 33172 July 6 2013 Internet for Tables \$100

Form/Schedule:

Transaction ID:

**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 8 OF 17			
	<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)
ED MACDOUGALL CAMPAIGN

Full Name (Last, First, Middle Initial) A. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 211.43
City Cooper City	State FL	
Purpose of Disbursement Reimbursement for Supplies	001	Transaction ID : SB17.4356
Candidate Name ED MACDOUGALL CAMPAIGN	Category/ Type	
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)	[MEMO ITEM]
State: FL District: 26		

Full Name (Last, First, Middle Initial) B. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 3145.00
City Cooper City	State FL	
Purpose of Disbursement General Campaign Consulting	001	Transaction ID : SB17.4346
Candidate Name ED MACDOUGALL CAMPAIGN	Category/ Type	
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: 26		

Full Name (Last, First, Middle Initial) C. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 3246.00
City Cooper City	State FL	
Purpose of Disbursement General Campaign Consulting	001	Transaction ID : SB17.4345
Candidate Name ED MACDOUGALL CAMPAIGN	Category/ Type	
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: 26		

SUBTOTAL of Disbursements This Page (optional).....	6391.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4356

Staples 18591 S Dixie Highway Cutler Bay FL 33157 Reimbursement for Office Supplies \$211.43

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<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)
ED MACDOUGALL CAMPAIGN

Full Name (Last, First, Middle Initial) A. Mr. Mark Goodrich		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 5722 S. Flamingo Road #522		Amount of Each Disbursement this Period 600.00
City Cooper City	State FL	
Zip Code 33330	Purpose of Disbursement Reimbursement for Brochures	Transaction ID : SB17.4361
Candidate Name ED MACDOUGALL CAMPAIGN	Category/ Type 006	
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)	[MEMO ITEM]
State: FL District: 26		

Full Name (Last, First, Middle Initial) B. Infogroup		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address 1020 E 1st St.		Amount of Each Disbursement this Period 2000.00
City Papillion	State NE	
Zip Code 68046	Purpose of Disbursement Phone Match	Transaction ID : SB17.4348
Candidate Name ED MACDOUGALL CAMPAIGN	Category/ Type 003	
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: 26		

Full Name (Last, First, Middle Initial) c. Infogroup		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2013
Mailing Address 1020 E 1st St.		Amount of Each Disbursement this Period 113.75
City Papillion	State NE	
Zip Code 68046	Purpose of Disbursement Phone Match	Transaction ID : SB17.4350
Candidate Name ED MACDOUGALL CAMPAIGN	Category/ Type 003	
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: 26		

SUBTOTAL of Disbursements This Page (optional).....	2113.75
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4361

Next Day Flyers 18711 S Broadwick St Compton CA 90220 September 5 2013 \$600 Campaign Brochures

Form/Schedule:

Transaction ID:

**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 17			
	<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)
ED MACDOUGALL CAMPAIGN

Full Name (Last, First, Middle Initial) A. Luke Kosar		Date of Disbursement MM / DD / YYYY 07 / 22 / 2013
Mailing Address PO Box 610373		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4355
City North Miami	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name ED MACDOUGALL CAMPAIGN	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: 26	

Full Name (Last, First, Middle Initial) B. Luke Kosar		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address PO Box 610373		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4347
City North Miami	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name ED MACDOUGALL CAMPAIGN	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: 26	

Full Name (Last, First, Middle Initial) C. Luke Kosar		Date of Disbursement MM / DD / YYYY 09 / 10 / 2013
Mailing Address PO Box 610373		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4360
City North Miami	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name ED MACDOUGALL CAMPAIGN	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: 26	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 13 OF 17			
	<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)
ED MACDOUGALL CAMPAIGN

Full Name (Last, First, Middle Initial) A. OCG Miami		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address PO Box 970797		Amount of Each Disbursement this Period 374.50 Transaction ID : SB17.4357
City Miami	State FL	
Purpose of Disbursement Car Decals	Category/ Type 004	
Candidate Name ED MACDOUGALL CAMPAIGN	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: 26	

Full Name (Last, First, Middle Initial) B. James Thomas		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 18001 Old Cutler Road		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4353
City Palmetto Bay	State FL	
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name ED MACDOUGALL CAMPAIGN	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: 26	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3374.50
TOTAL This Period (last page this line number only).....	21379.25

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)

Transaction ID : SC/10.4339

ED MACDOUGALL CAMPAIGN

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

ED MACDOUGALL CAMPAIGN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2655 LEJEUNE ROAD SUITE 323

City

State

ZIP Code

CORAL GABLES

FL

33134

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M 01 / D 22 / Y 2013

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

500.00

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.

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)

Transaction ID : SC/10.4340

ED MACDOUGALL CAMPAIGN

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

ED MACDOUGALL CAMPAIGN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2655 LEJEUNE ROAD SUITE 323

City

State

ZIP Code

CORAL GABLES

FL

33134

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M 01 / D 22 / Y 2013

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

500.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ED MACDOUGALL CAMPAIGN** Transaction ID : **SC/10.4328**

LOAN SOURCE Full Name (Last, First, Middle Initial) ED MACDOUGALL CAMPAIGN	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2655 LEJEUNE ROAD SUITE 323	

City	State	ZIP Code
CORAL GABLES	FL	33134

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 10 / Y 2013	M / D / Y None	0.00 % (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).....	▶	6000.00
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.		

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

NAME OF COMMITTEE (In Full) **ED MACDOUGALL CAMPAIGN** Transaction ID : **SC/10.4138**

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward P. MacDougall	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7955 SW 201 Terrace		

City	State	ZIP Code
Miami	FL	33189-2117

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
34000.00	0.00	34000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 25 / Y 2013	M M / D D / Y None	0.00 % (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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="34000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="41000.00"/>

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