

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
GLO 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))....	30169.00	69968.85
(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)).....	30169.00	69968.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32300.89	65002.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	85.60	85.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32215.29	64916.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5052.09	
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

GLO 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).....	13214.00	45353.38
(ii) Unitemized	6955.00	14615.47
(iii) TOTAL of contributions from individuals	20169.00	59968.85
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate	9000.00	9000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30169.00	69968.85
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.)	85.60	85.60
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).....	30254.60	70054.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32300.89	65002.36
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) ►	32300.89	65002.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7098.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30254.60
25. SUBTOTAL (add Line 23 and Line 24).....	37352.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32300.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5052.09

**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 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
VIRGIL M ADKINS

Mailing Address 87359 RADDIN RD

City State Zip Code
YULEE FL 32097

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

Name of Employer Occupation
ADKINS ELECTRIC INC ELECTRICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CAMILLE C BORDEN

Mailing Address 1336 CHARTER CT E.

City State Zip Code
JACKSONVILLE FL 32225

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

Name of Employer Occupation
CC BORDEN CONSTRUCTION INC CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KEVIN T CARTER

Mailing Address 1909 E BEAVER ST

City State Zip Code
JACKSONVILLE FL 32202

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

Name of Employer Occupation
KT CARTER EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
500.00

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 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
KEVIN T CARTER

Mailing Address 1909 E BEAVER ST

City JACKSONVILLE State FL Zip Code 32202

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

Name of Employer **KT CARTER** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2414.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period
1914.00

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

Mailing Address 1872 COMMODORE POINT DR

City FLEMING ISLAND State FL Zip Code 32003

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

Name of Employer **SAGEMARK CONSULTING** Occupation **FINANCIAL ADVISOR**

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
04 / 21 / 2014

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANGELA B COREY

Mailing Address 220 E BAY ST

City JACKSONVILLE State FL Zip Code 32202

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

Name of Employer **STATE OF FLORIDA** Occupation **ATTORNEY**

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
04 / 23 / 2014

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
500.00

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

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

2664.00

**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 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
JOHN DAVID COXWELL

Mailing Address 3490 OTIS RD

City JACKSONVILLE State FL Zip Code 32220

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

Name of Employer: JB COXWELL Occupation: CONTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 08 / 2014

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period: 500.00

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

Mailing Address 4477 GLEN KERNAN PKWY E

City JACKSONVILLE State FL Zip Code 32224

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

Name of Employer: DAVIS CAPITAL MGMT Occupation: INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 30 / 2014

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
RICHARD D GLOCK

Mailing Address 8068 SHADY GROVE RD

City JACKSONVILLE State FL Zip Code 32256

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

Name of Employer: BAPTIST PRIMARY CARE Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2014

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period: 250.00

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

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

1000.00

**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 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
HELEN E HEATH

Mailing Address 4128 TRADEWINDS DR

City Jacksonville Beach State FL Zip Code 32250

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

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
 50.00

550.00

B. Full Name (Last, First, Middle Initial)
HELEN E HEATH

Mailing Address 4128 TRADEWINDS DR

City Jacksonville Beach State FL Zip Code 32250

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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period
 50.00

600.00

C. Full Name (Last, First, Middle Initial)
HELEN E HEATH

Mailing Address 4128 TRADEWINDS DR

City Jacksonville Beach State FL Zip Code 32250

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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
 100.00

700.00

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

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

200.00

**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 9 OF 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
HAROLD T HUGHINS

Mailing Address 479 CREIGHTON RD

City ORANGE PARK State FL Zip Code 32003

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

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
 250.00

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

Mailing Address 12718 CORMORANT COVE

City JACKSONVILLE State FL Zip Code 32223

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

Name of Employer KESSLER CREATIVE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
JOHN W KIRKLAND

Mailing Address 13972 N COUNTY RD 23-A

City MACCLENNY State FL Zip Code 32063

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

Name of Employer AJ JOHNS Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period
 600.00

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

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

1100.00

**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 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
STEPHEN M LEGGETT

Mailing Address **P O BOX 939**

City **YULEE** State **FL** Zip Code **32041**

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

Name of Employer **SIGNATURE LAND** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SCOTT R MACKENZIE

Mailing Address **4483 GLEN KERNAN PKWY E**

City **JACKSONVILLE** State **FL** Zip Code **32224**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LOIS V MILLS

Mailing Address **105 MIDDLETON PLACE**

City **PONTE VEDRA BEACH** State **FL** Zip Code **32082**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
R.C. MILLS

Mailing Address 105 MIDDLETON PLACE

City State Zip Code
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 07 2014

Transaction ID : SA11Al.4775

Amount of Each Receipt this Period
500.00

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

Mailing Address 7845 BAYMEADOWS WAY

City State Zip Code
JACKSONVILLE FL 32256

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 07 2014

Transaction ID : SA11Al.4785

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOHN E MYERS

Mailing Address 2863 SEMINOLE AVE

City State Zip Code
AMELIA ISLAND FL 32034

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

Name of Employer Occupation
MYERS TREE & TRACTOR SERVICE TREE TRIMMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 08 2014

Transaction ID : SA11Al.4599

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 12 OF 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
LEVY RITTER

Mailing Address 8833 PERIMETER PARK BLVD #1001

City JACKSONVILLE State FL Zip Code 32216

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

Name of Employer THE ALTERRA GROUP LLC Occupation REAL ESTATE

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
 04 / 08 / 2014

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JUDY A SANFILIPPO

Mailing Address 7698 HOLLY RIDGE CIR

City JACKSONVILLE State FL Zip Code 32256

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

Name of Employer TEAM SAS Occupation EXECUTIVE

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
 05 / 30 / 2014

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ANDREW E SENESAC

Mailing Address 8707 SOMERS RD S

City JACKSONVILLE State FL Zip Code 32226

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

Name of Employer REALCO RECYCLING Occupation WASTE MANAGEMENT

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
 04 / 24 / 2014

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
KATHLEEM M SEYMOUR

Mailing Address 7322 RAMOTH DR

City JACKSONVILLE State FL Zip Code 32226

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
05 / 06 / 2014

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
HOWARD R SHAW

Mailing Address 2762 W BEAVER ST

City JACKSONVILLE State FL Zip Code 32254

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

Name of Employer SHAW LAND CLEARING LLC Occupation LAND CLEARING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
300.00

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

Mailing Address 6970 ALMOURS DR

City JACKSONVILLE State FL Zip Code 32217

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period
500.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 14 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
DIANE STRACK

Mailing Address 8465 SAND LAKE SHORES CT

City State Zip Code
ORLANDO FL 32836

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

Name of Employer Occupation
STUDENT LEADERSHIP UNIVERSITY EDUCATION

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
 04 / 11 / 2014

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period
250.00

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

Mailing Address 4248 SAN JOSE BLVD

City State Zip Code
JACKSONVILLE FL 32207

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

Name of Employer Occupation
RETIRED 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
 05 / 07 / 2014

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period
250.00

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

Mailing Address 4248 SAN JOSE BLVD

City State Zip Code
JACKSONVILLE FL 32207

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

Name of Employer Occupation
RETIRED RETIRED

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
 05 / 07 / 2014

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 15 OF 43
	<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	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
DONALD S WARE Jr.

Mailing Address 6101 GAZEBO PARK PL #105

City JACKSONVILLE State FL Zip Code 32257

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

Name of Employer MONARCH HOMES LLC Occupation HOME BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1031 1ST ST N #307

City JACKSONVILLE State FL Zip Code 32250

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

Name of Employer DREAM FINDERS HOMES LLC Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
 500.00

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

Amount of Each Receipt this Period

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

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

1000.00

13214.00

**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 16 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
TED YOHO FOR CONGRESS

Mailing Address 5745 SW 75TH STREET, #283

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C** C00494583

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11C.4591

Amount of Each Receipt this Period
 1000.00

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).....

1000.00

1000.00

**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 17 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GLO for Congress

A. Full Name (Last, First, Middle Initial)
GLOREATHA SCURRY-SMITH

Mailing Address 1661 CINNAMON FERN COURT

City State Zip Code
FLEMING ISLAND FL 32003

FEC ID number of contributing federal political committee. **C H4FL05065**

Name of Employer Candidate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5204.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11D.4628

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
GLOREATHA SCURRY-SMITH

Mailing Address 1661 CINNAMON FERN COURT

City State Zip Code
FLEMING ISLAND FL 32003

FEC ID number of contributing federal political committee. **C H4FL05065**

Name of Employer Candidate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9204.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11D.4818

Amount of Each Receipt this Period
4000.00

CONTRIBUTION FROM CANDIDATE

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 Candidate 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).....

9000.00

9000.00

**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 18 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. CARL ALLEN		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address P O BOX 11835		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4587
City JACKSONVILLE	State FL	
Zip Code 32239	Purpose of Disbursement DJ SERVICES FOR FUNDRAISING EVENT	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. APOPKA AREA CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 180 E MAIN ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5015
City APOPKA	State FL	
Zip Code 32703	Purpose of Disbursement EVENT TICKET COSTS	Category/ Type 004
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. ASHLEY ST CATERING		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 613 W ASHLEY ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4585
City JACKSONVILLE	State FL	
Zip Code 32202	Purpose of Disbursement FOOD/BEV @ FUNDRAISING EVENT	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1450.00
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 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. ASHLEY ST CATERING		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 613 W ASHLEY ST		Amount of Each Disbursement this Period 528.75 Transaction ID : SB17.4693
City JACKSONVILLE State FL Zip Code 32202	Purpose of Disbursement CATERING FOR FUNDRAISING EVENT Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. ASHLEY ST CATERING		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 613 W ASHLEY ST		Amount of Each Disbursement this Period 273.75 Transaction ID : SB17.4838
City JACKSONVILLE State FL Zip Code 32202	Purpose of Disbursement CATERING FOR EVENT Candidate Name Category/Type 007	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. BLUE MOON EMBROIDERY		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 930 EDGEWOOD AVE SOUTH		Amount of Each Disbursement this Period 294.25 Transaction ID : SB17.5017
City JACKSONVILLE State FL Zip Code 32205	Purpose of Disbursement PRINTING EXPENSE-DECALS Candidate Name Category/Type 004	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1096.75
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 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. CLINTON BAILEY DESIGNS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1620 E 25TH STREET		Amount of Each Disbursement this Period 287.50 Transaction ID : SB17.4573
City JACKSONVILLE State FL Zip Code 32206	Purpose of Disbursement CAMPAIGN T-SHIRTS 004 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. COMMODORES POINT PROPERTIES LTD		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1 INDEPENDENT DR #1600		Amount of Each Disbursement this Period 741.61 Transaction ID : SB17.5020
City JACKSONVILLE State FL Zip Code 32202	Purpose of Disbursement CAMPAIGN OFFICE RENT 001 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. LAURA CYRUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 6603 ALMOND AVE		Amount of Each Disbursement this Period 131.90 Transaction ID : SB17.4575
City JACKSONVILLE State FL Zip Code 32244	Purpose of Disbursement REIMB FOR OFFICE SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1161.01
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 21 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. LAURA CYRUS		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 6603 ALMOND AVE		Amount of Each Disbursement this Period 112.15 Transaction ID : SB17.4976
City JACKSONVILLE State FL Zip Code 32244	Purpose of Disbursement REIMB FOR OFFICE SUPPLIES Candidate Name Category/Type 001	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 8102 BLANDING BLVD		Amount of Each Disbursement this Period 53.48 Transaction ID : SB17.4976.0 [MEMO ITEM]
City JACKSONVILLE State FL Zip Code 32244	Purpose of Disbursement INK Candidate Name Category/Type 001	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. LAURA CYRUS		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 6603 ALMOND AVE		Amount of Each Disbursement this Period 101.51 Transaction ID : SB17.4995
City JACKSONVILLE State FL Zip Code 32244	Purpose of Disbursement REIMB FOR OFFICE SUPPLIES Candidate Name Category/Type 001	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	213.66
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 22 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. SAMS CLUB		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 10690 BEACH BLVD		Amount of Each Disbursement this Period 101.51
City JACKSONVILLE State FL Zip Code 32246	Purpose of Disbursement INK & PAPER 001 Category/Type	
Candidate Name		Transaction ID : SB17.4995.0 [MEMO ITEM]
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. DEPARTMENT OF STATE		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 500 S. BRONOUGH ST #316		Amount of Each Disbursement this Period 10440.00
City TALLAHASSEE State FL Zip Code 32399	Purpose of Disbursement QUALIFYING FEE-STATE OF FLORIDA 001 Category/Type	
Candidate Name		Transaction ID : SB17.4568
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. EAST SIDE REGIONAL HOB NOB		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address P O BOX 621236		Amount of Each Disbursement this Period 245.00
City OVIEDO State FL Zip Code 32762	Purpose of Disbursement ENTRY FEE FOR EVENT 004 Category/Type	
Candidate Name		Transaction ID : SB17.5013
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	10685.00
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 23 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. ENGRAVING UNIVERSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 3210 SW 40TH BLVD #B		Amount of Each Disbursement this Period 594.02
City GAINESVILLE	State FL	Zip Code 32608
Purpose of Disbursement CAMPAIGN SIGNS	Category/Type 004	
Candidate Name	Transaction ID : SB17.4997	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. BRITTANY FORNOF		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 11 E FORSYTH ST #803		Amount of Each Disbursement this Period 600.00
City JACKSONVILLE	State FL	Zip Code 32202
Purpose of Disbursement CAMPAIGN MANAGEMENT FEE	Category/Type 001	
Candidate Name	Transaction ID : SB17.4566	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. BRITTANY FORNOF		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 11 E FORSYTH ST #803		Amount of Each Disbursement this Period 500.00
City JACKSONVILLE	State FL	Zip Code 32202
Purpose of Disbursement CAMPAIGN MANAGEMENT FEES	Category/Type 001	
Candidate Name	Transaction ID : SB17.4981	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1694.02
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 24 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 2.88
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE 003 Category/Type	
Candidate Name		Transaction ID : SB17.4644
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 11.51
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE 003 Category/Type	
Candidate Name		Transaction ID : SB17.4647
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 8.64
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE 003 Category/Type	
Candidate Name		Transaction ID : SB17.4666
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	23.03
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 25 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 5.76 Transaction ID : SB17.4681
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 11.51 Transaction ID : SB17.4687
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 8.63 Transaction ID : SB17.4694
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	25.90
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 26 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 33.08
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Category/Type 003	
Candidate Name		Transaction ID : SB17.4699
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 46.05
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Category/Type 003	
Candidate Name		Transaction ID : SB17.4709
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 24.45
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Category/Type 003	
Candidate Name		Transaction ID : SB17.4734
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	103.58
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 27 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 24.16 Transaction ID : SB17.4747
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 9.49 Transaction ID : SB17.4790
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 8.63 Transaction ID : SB17.4797
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	42.28
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 28 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 8.63 Transaction ID : SB17.4803
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.4807
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 8.63 Transaction ID : SB17.4810
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	18.70
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 29 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.4880
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.4892
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.4895
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	12.94
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 30 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 0.86 Transaction ID : SB17.4898
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 1.15 Transaction ID : SB17.4906
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.4910
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	3.45
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 31 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.4914
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 4.32 Transaction ID : SB17.4917
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 401 W 15TH ST		Amount of Each Disbursement this Period 42.03 Transaction ID : SB17.4921
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type 003	
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	47.79
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 32 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. REPUBLIC POLLING INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2711 CENTERVILLE RD #400		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4854
City WILMINGTON	State DE	
Zip Code 19801	Purpose of Disbursement FUNDRAISING CONSULTING FEE	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. REPUBLIC POLLING INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2711 CENTERVILLE RD #400		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4984
City WILMINGTON	State DE	
Zip Code 19801	Purpose of Disbursement FUNDRAISING CONSULTING FEE	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. ROBINSON HANKS YOUNG & ROBERTS PA		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 133 S HARBOR DRIVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4561
City VENICE	State FL	
Zip Code 34285	Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	5500.00
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 33 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. ROBINSON HANKS YOUNG & ROBERTS PA		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 133 S HARBOR DRIVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4820
City VENICE State FL Zip Code 34285	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name Category/Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. ROBINSON HANKS YOUNG & ROBERTS PA		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 133 S HARBOR DRIVE		Amount of Each Disbursement this Period 147.49 Transaction ID : SB17.4855
City VENICE State FL Zip Code 34285	Purpose of Disbursement REIMB FOR FEDEX CHARGES Candidate Name Category/Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 147.49 Transaction ID : SB17.4855.0 [MEMO ITEM]
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement SHIPPING/POSTAGE COSTS Candidate Name Category/Type 001	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	647.49
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 34 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. ROBINSON HANKS YOUNG & ROBERTS PA		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 133 S HARBOR DRIVE		Amount of Each Disbursement this Period 500.00
City VENICE State FL Zip Code 34285	Purpose of Disbursement ACCOUNTING SERVICES	001 Category/ Type
Candidate Name	Office Sought: <input 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: District:		Transaction ID : SB17.4994

Full Name (Last, First, Middle Initial) B. GLOREATHA SCURRY-SMITH		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1661 CINNAMON FERN COURT		Amount of Each Disbursement this Period 700.00
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement DECORATIONS FOR FUNDRAISING EVENT	003 Category/ Type
Candidate Name	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: 05		Transaction ID : SB17.4572

Full Name (Last, First, Middle Initial) C. GLOREATHA SCURRY-SMITH		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1661 CINNAMON FERN COURT		Amount of Each Disbursement this Period 341.33
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement REIMB FOR TRAVEL EXPENSES	002 Category/ Type
Candidate Name	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: 05		Transaction ID : SB17.4843

SUBTOTAL of Disbursements This Page (optional).....	1541.33
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 35 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1911 WELLS RD		Amount of Each Disbursement this Period 939.10
City ORANGE PARK State FL Zip Code 32073	Purpose of Disbursement CELL PHONE CHARGES Category/Type 001	
Candidate Name		Transaction ID : SB17.4843.0 [MEMO ITEM]
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. GLOREATHA SCURRY-SMITH		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1661 CINNAMON FERN COURT		Amount of Each Disbursement this Period 347.08
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement REIMB FOR FUNDRAISING EVENT COSTS Category/Type 003	
Candidate Name		Transaction ID : SB17.4968
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: 05		

Full Name (Last, First, Middle Initial) C. GLOREATHA SCURRY-SMITH		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1661 CINNAMON FERN COURT		Amount of Each Disbursement this Period 592.10
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement REIMB FOR FOR CAMPAIGN EXPENSES Category/Type 001	
Candidate Name		Transaction ID : SB17.4985
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: 05		

SUBTOTAL of Disbursements This Page (optional).....	939.10
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 36 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. VIVID IMAGES USA INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1730 E DUVAL ST		Amount of Each Disbursement this Period 342.10
City JACKSONVILLE	State FL Zip Code 32202	
Purpose of Disbursement CAMPAIGN T-SHIRTS	Category/Type 004	Transaction ID : SB17.4985.0 [MEMO ITEM]
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF DUVAL COUNTY		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3730 BEACH BLVD		Amount of Each Disbursement this Period 75.00
City JACKSONVILLE	State FL Zip Code 32207	
Purpose of Disbursement EVENT TICKET COSTS	Category/Type 001	Transaction ID : SB17.4985.2 [MEMO ITEM]
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. GLOREATHA SCURRY-SMITH		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 1661 CINNAMON FERN COURT		Amount of Each Disbursement this Period 166.14
City FLEMING ISLAND	State FL Zip Code 32003	
Purpose of Disbursement REIMB FOR TRAVEL EXPENSES	Category/Type 002	Transaction ID : SB17.4998
Candidate Name		
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: 05		

SUBTOTAL of Disbursements This Page (optional).....	166.14
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 37 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 700-16 SOUTH BLANDING BLVD		Amount of Each Disbursement this Period 81.84
City ORANGE PARK State FL Zip Code 32065	Purpose of Disbursement POSTCARDS Category/Type 001	
Candidate Name		Transaction ID : SB17.4998.3 [MEMO ITEM]
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. GLOREATHA SCURRY-SMITH		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1661 CINNAMON FERN COURT		Amount of Each Disbursement this Period 1002.92
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES Category/Type 001	
Candidate Name		Transaction ID : SB17.5005
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: 05	

Full Name (Last, First, Middle Initial) C. BRITTANY FORNOF		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 11 E FORSYTH ST #803		Amount of Each Disbursement this Period 665.00
City JACKSONVILLE State FL Zip Code 32202	Purpose of Disbursement CAMPAIGN OFFICE WORK Category/Type 001	
Candidate Name		Transaction ID : SB17.5005.1 [MEMO ITEM]
Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1002.92
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 38 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. RACETRAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3106 HIGHWAY 17		Amount of Each Disbursement this Period 55.59
City GREEN COVE State FL Zip Code 32043	Purpose of Disbursement FUEL	
Candidate Name	Category/Type 002	Transaction ID : SB17.5005.2 [MEMO ITEM]
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 6621 WINDHOVER DR		Amount of Each Disbursement this Period 108.14
City ORLANDO State FL Zip Code 32819	Purpose of Disbursement HOTEL CHARGE	
Candidate Name	Category/Type 002	Transaction ID : SB17.5005.4 [MEMO ITEM]
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. RACETRAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3106 HIGHWAY 17		Amount of Each Disbursement this Period 39.06
City GREEN COVE State FL Zip Code 32043	Purpose of Disbursement FUEL	
Candidate Name	Category/Type 002	Transaction ID : SB17.5005.5 [MEMO ITEM]
Office Sought: <input 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: District:	

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 39 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. MICHAEL SMITH		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1661 CINNAMON FERN CT		Amount of Each Disbursement this Period 222.88
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement REIMB FOR TRAVEL & EVENT COSTS	
Candidate Name	Category/Type 002	Transaction ID : SB17.4580
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. SAMS CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 10690 BEACH BLVD		Amount of Each Disbursement this Period 79.76
City JACKSONVILLE State FL Zip Code 32246	Purpose of Disbursement ICE/BEVERAGES/PAPER PRODUCTS FOR FUNDRAISER	
Candidate Name	Category/Type 003	Transaction ID : SB17.4580.1 [MEMO ITEM]
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. MICHAEL SMITH		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1661 CINNAMON FERN CT		Amount of Each Disbursement this Period 414.54
City FLEMING ISLAND State FL Zip Code 32003	Purpose of Disbursement REIMB FOR TRAVEL, OFFICE SUPP, EVENT COSTS	
Candidate Name	Category/Type 001	Transaction ID : SB17.4821
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	637.42
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 40 OF 43			
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. RACETRAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 3106 HIGHWAY 17		Amount of Each Disbursement this Period 40.00
City GREEN COVE State FL Zip Code 32043	Purpose of Disbursement FUEL-TRAVEL EXPENSE	
Candidate Name	Category/Type 002	Transaction ID : SB17.4821.4 [MEMO ITEM]
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1505 COUNTY RD 220		Amount of Each Disbursement this Period 21.34
City ORANGE PARK State FL Zip Code 32003	Purpose of Disbursement USB DRIVE-OFFICE SUPPLY	
Candidate Name	Category/Type 001	Transaction ID : SB17.4821.7 [MEMO ITEM]
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1505 COUNTY RD 220		Amount of Each Disbursement this Period 48.00
City ORANGE PARK State FL Zip Code 32003	Purpose of Disbursement VEGGIE TRAY-FOOD FOR EVENT	
Candidate Name	Category/Type 007	Transaction ID : SB17.4821.9 [MEMO ITEM]
Office Sought: <input 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: District:	

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 41 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. THE GARDEN CLUB OF JACKSONVILLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1005 RIVERSIDE AVE		Amount of Each Disbursement this Period 1316.10 Transaction ID : SB17.4570
City JACKSONVILLE State FL Zip Code 32204	Purpose of Disbursement FOOD/BEV @ FUNDRAISING EVENT Category/Type 003	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. THE GARDEN CLUB OF JACKSONVILLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1005 RIVERSIDE AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4993
City JACKSONVILLE State FL Zip Code 32204	Purpose of Disbursement DEPOSIT FOR ROOM RENTAL-EVENT COSTS Category/Type 003	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. THE GOVERNORS CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address P O BOX 40505		Amount of Each Disbursement this Period 349.75 Transaction ID : SB17.4839
City JACKSONVILLE State FL Zip Code 32203	Purpose of Disbursement CATERING FOR EVENT Category/Type 007	
Candidate Name	Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1915.85
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 42 OF 43	
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. THE RIVER CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1 INDEPENDENT DR #3500		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4562
City JACKSONVILLE State FL Zip Code 32202	Purpose of Disbursement FOOD/BEV FOR FUNDRAISING EVENT 003 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. VIVID IMAGES USA INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 1730 E DUVAL ST		Amount of Each Disbursement this Period 480.80 Transaction ID : SB17.5019
City JACKSONVILLE State FL Zip Code 32202	Purpose of Disbursement PRINTING EXPENSE-BUMPER STICKERS 004 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. WEBELECT.NET		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1256 VINETREE DR		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4819
City BRANDON State FL Zip Code 33510	Purpose of Disbursement SOFTWARE RENEWAL FEE 001 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2250.80
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 43 OF 43		
	<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)
GLO for Congress

Full Name (Last, First, Middle Initial) A. WEBELECT.NET		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1256 VINETREE DR		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4980
City BRANDON	State FL	
Zip Code 33510	Purpose of Disbursement COMPUTER SOFTWARE	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. WEBELECT.NET		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1256 VINETREE DR		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.5022
City BRANDON	State FL	
Zip Code 33510	Purpose of Disbursement COMPUTER SOFTWARE	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

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	
Zip Code	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).....	540.00
TOTAL This Period (last page this line number only).....	31719.24