

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Friends of David Jolly

ADDRESS (number and street) P. O. Box 1158  
 Check if different than previously reported. (ACC) Indian Rocks Beach FL 33785

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551572 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
FL 00

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Nancy H. Watkins  
Signature of Treasurer Nancy H. Watkins *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Friends of David Jolly**

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))....	184840.24	1489148.37
(b) Total Contribution Refunds (from Line 20(d)) .....	4400.00	18800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	180440.24	1470348.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	334028.93	1332532.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	401.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	334028.93	1332130.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	409101.68	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**Friends of David Jolly**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	137209.28	998063.49
(ii) Unitemized.....	19430.96	69944.57
(iii) TOTAL of contributions from individuals ▶	156640.24	1068008.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	28200.00	421140.31
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	184840.24	1489148.37
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	30950.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	401.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	32.49	51.03
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	184872.73	1520551.31

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	334028.93	1332532.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	25000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	4400.00	10800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4400.00	18800.00
21. OTHER DISBURSEMENTS .....	0.00	6000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	338428.93	1382332.11

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	562657.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	184872.73
25. SUBTOTAL (add Line 23 and Line 24).....	747530.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	338428.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	409101.68

**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 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher T. Adomanis**

Mailing Address 12806 Hollins Place

City State Zip Code  
Bowie MD 20716

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

Name of Employer Occupation  
self-employed accountant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2016

**Transaction ID : C-9-00u401**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David S. Akers**

Mailing Address 10663 Bardes Court

City State Zip Code  
Seminole FL 33777

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

Name of Employer Occupation  
SmartSat, Inc. president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : C-21-000F04**

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Heidi L. Akers**

Mailing Address 10663 Bardes Court

City State Zip Code  
Seminole FL 33777

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

Name of Employer Occupation  
Smartsat, Inc. consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2016

**Transaction ID : C-23-00bK02**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 6 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

A. Full Name (Last, First, Middle Initial)  
**Jeanette W. Anderson**

Mailing Address 10200 Gandy Blvd., N., #607

City State Zip Code  
St. Petersburg FL 33702

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

Name of Employer Occupation  
Alakai Defense Systems human resources mgr.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2016**

**Transaction ID : C-63-00ke02**

Amount of Each Receipt this Period  
**500.00**

Memo Item

B. Full Name (Last, First, Middle Initial)  
**Linda Archer**

Mailing Address 2104 Pebble Beach Place

City State Zip Code  
Panama City FL 32408

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

Name of Employer Occupation  
Capt'n Tiny Charters, Inc. secretary

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2016**

**Transaction ID : C-78-00u001**

Amount of Each Receipt this Period  
**250.00**

Memo Item

C. Full Name (Last, First, Middle Initial)  
**Thomas D. Arthur**

Mailing Address 1700 S. MacDill Avenue, #340

City State Zip Code  
Tampa FL 33629

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

Name of Employer Occupation  
ASAP Capital Partners, LLC investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2016**

**Transaction ID : C-85-00Aa03**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**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 7 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Aungst**

Mailing Address 2633 Brattle Lane

City State Zip Code  
Clearwater FL 33761

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

Name of Employer Occupation  
Bright House Networks director/govt. relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

**Transaction ID : C-95-00to01**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kris A. Bagniefski**

Mailing Address 2724 Redford Court, E.

City State Zip Code  
Clearwater FL 33761

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

**Transaction ID : C-108-00s401**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jeremy Bailie**

Mailing Address 6100 Gulfport Blvd., S., #210

City State Zip Code  
Gulfport FL 33707

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

Name of Employer Occupation  
Abbey, Adams et al attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

**Transaction ID : C-113-00sX01**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

3000.00

**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 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas E. Bishop**

Mailing Address 13614 Lakepoint Drive, S.

City Clearwater State FL Zip Code 33762

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

Name of Employer self-employed Occupation insurance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-195-00vb01**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard Boettger**

Mailing Address 1402 Olivia Street, #1

City Key West State FL Zip Code 33040

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2016

**Transaction ID : C-213-00qX01**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Alan Bomstein**

Mailing Address 620 Drew Street

City Clearwater State FL Zip Code 33755

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

Name of Employer Creative Contractors, Inc. Occupation c.e.o.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-217-00px01**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 9 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Bomstein**

Mailing Address 620 Drew Street

City Clearwater State FL Zip Code 33755

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

Name of Employer Creative Contractors, Inc. Occupation c.e.o.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-218-00px02**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Catherine Bradford**

Mailing Address 145 Columbia Avenue, #725

City Davison State MI Zip Code 48423

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-238-00qw01**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Carol D. Bumiller**

Mailing Address 14460 Marina Way, #9

City Seminole State FL Zip Code 33776

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1865.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-282-008q0C**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Carol D. Bumiller**

Mailing Address 14460 Marina Way, #9

City Seminole State FL Zip Code 33776

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1865.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C-283-008q0D**

Amount of Each Receipt this Period  
65.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Carol D. Bumiller**

Mailing Address 14460 Marina Way, #9

City Seminole State FL Zip Code 33776

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1865.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-284-008q0E**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Beth A. Cahill**

Mailing Address 16610 Windsor Park Drive

City Lutz State FL Zip Code 33549

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

Name of Employer Florida Venture Forum, Inc. Occupation director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-310-00s501**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

2315.00

**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 165  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Paul F. Cambon**

Mailing Address 908 Croton Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
Jones Walker govt. relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-315-00CT02**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Martin Cancienne**

Mailing Address P. O. Box 36

City State Zip Code  
Belle Rose LA 70341

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

Name of Employer Occupation  
The Livingston Group partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-319-00CU02**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**George M. Cantonis**

Mailing Address P. O. Box 338

City State Zip Code  
Tarpon Springs FL 34688

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-320-00tk01**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 12 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**James M. Cantonis**

Mailing Address 305 Orlando Road

City Belleair State FL Zip Code 33756

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

Name of Employer Acme Sponge & Chamois Co., Inc. Occupation president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-321-00t101**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Andrew S. Cantrell**

Mailing Address 2918 Avenue R, #1/2

City Galveston State TX Zip Code 77550

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

Name of Employer Galveston Sea Ventures Occupation fisherman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-322-00u101**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Surjit Chahal**

Mailing Address 3100 Fleur De Lis Drive

City Modesto State CA Zip Code 95356

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

Name of Employer self-employed Occupation dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-350-00sx01**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3200.00

**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 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Surjit Chahal**

Mailing Address 3100 Fleur De Lis Drive

City Modesto State CA Zip Code 95356

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

Name of Employer self-employed Occupation dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-351-00sx02**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Craig L. Chown**

Mailing Address 140 Island Way, #295

City Clearwater Beach State FL Zip Code 33767

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

Name of Employer Chown Consulting Occupation managing member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-366-00s601**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Donald E. Chrans**

Mailing Address 301 Eastleigh Drive

City Belleair State FL Zip Code 33756

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

Name of Employer GLT, LLC Occupation manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-370-00R405**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

3200.00

**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 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**John Churchman**

Mailing Address 700 S. Harbour Island Blvd., #226

City Tampa State FL Zip Code 33602

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

Name of Employer DRS Technologies Occupation general manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : C-377-004t05**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jenny W. Clark**

Mailing Address 10721 Donbrese Avenue

City Tampa State FL Zip Code 33615

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

Name of Employer Solvability, Inc. Occupation defense consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-380-00re01**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Patrick J. Clouden**

Mailing Address 111 Manatee Road

City Belleair State FL Zip Code 33756

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

Name of Employer CES, Inc. Occupation energy sales

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-389-00sz01**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas B. Cohn**

Mailing Address 4816 San Miguel

City Tampa State FL Zip Code 33629

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

Name of Employer Tampa Bay Trane Occupation c.e.o.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-400-00Gw03**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Michael H. Colby**

Mailing Address 1646 Pinewood Drive

City Clearwater State FL Zip Code 33756

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

Name of Employer Florida Boat Charters, Inc. Occupation captain

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-403-00Qk02**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Keith D. Collins**

Mailing Address 10637 Broadland Pass

City Thonotosassa State FL Zip Code 33592

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

Name of Employer OWT Global Occupation c.e.o.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-412-000J06**

Amount of Each Receipt this Period  
 700.00

Memo Item

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

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

2200.00

**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 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Colloy**

Mailing Address 1646 Pinewood Drive

City State Zip Code  
Clearwater FL 33756

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

Name of Employer Occupation  
Double Hook Fishing Charters owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-413-00u801**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Luis Colon**

Mailing Address 2433 Kent Place

City State Zip Code  
Clearwater FL 33764

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

Name of Employer Occupation  
MGE Management Experts management consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-414-00sw01**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Matthew J. Conigliaro**

Mailing Address 340 1st Street, N., #J

City State Zip Code  
St. Petersburg FL 33701

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

Name of Employer Occupation  
Carlton Fields Jordan Burt attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C-420-00gw02**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 17 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**William Connors**

Mailing Address 9080 Barkston Drive

City State Zip Code  
Alpharetta GA 30022

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

Name of Employer Occupation  
Comcast president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

**Transaction ID : C-424-00tA01**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Peter E. Creighton**

Mailing Address 7891 Lantana Creek Road

City State Zip Code  
Largo FL 33777

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

Name of Employer Occupation  
Creighton Investments, LLC investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C-459-00si01**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Crews**

Mailing Address 1391 Pennsylvania Avenue, S.E., #1

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
CME attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-462-00Ta02**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 18 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph DaCorta**

Mailing Address 7124 Kitchen Point Road

City State Zip Code  
King George VA 22485

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

Name of Employer Occupation  
Eiron Strategic Services, Inc. executive

Receipt For: 2016  
 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 / 2016

**Transaction ID : C-484-006D06**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Frank L. Dame**

Mailing Address 407 Leeward Isle

City State Zip Code  
Clearwater FL 33767

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

Name of Employer Occupation  
Clearwater Marine Sanctuary director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-492-00ER04**

Amount of Each Receipt this Period  
350.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Linda Del Dameron**

Mailing Address 5890 Leeland Street, S.

City State Zip Code  
St. Petersburg FL 33715

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

Name of Employer Occupation  
General Atomics-OTS senior gen. counsel

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-494-00R503**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 19 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Davis**

Mailing Address 30 Woodglen Court

City Oldsmar State FL Zip Code 34677

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

Name of Employer Sea of Savings, LLC Occupation managing member

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-501-00q701**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gary R. Dawson**

Mailing Address 1020 Regal Drive, #5

City Largo State FL Zip Code 33774

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

Name of Employer Belleair Bluffs Cleaners Occupation owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : C-506-008K07**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jason M. Delacruz**

Mailing Address 12124 Lillian Avenue

City Seminole State FL Zip Code 33778

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

Name of Employer Wild Seafood Co. Occupation owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-521-00u501**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

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

\_\_\_\_\_ 1600.00

\_\_\_\_\_

**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 20 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Dewey E. Destin**

Mailing Address 777 Spring Lake Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

Name of Employer Dewey Destin, LLC	Occupation owner
---------------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : C-537-00uH01**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Michael Diaz**

Mailing Address 1912 Iowa Avenue, N.E.

City St. Petersburg	State FL	Zip Code 33703
------------------------	-------------	-------------------

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

Name of Employer Florida Cancer Specialists	Occupation physician
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-544-00vk01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christian Diez**

Mailing Address 7915 S.W. 55th Avenue

City Miami	State FL	Zip Code 33143
---------------	-------------	-------------------

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

Name of Employer University of Miami	Occupation physician
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-546-00sJ01**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 21 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Doreen H. Dipolito**

Mailing Address 420 Druid Road, W.

City Clearwater State FL Zip Code 33756

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

Name of Employer City of Clearwater Occupation council member

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-550-00gr02**

Amount of Each Receipt this Period  
 1200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jane Dodson**

Mailing Address 1853 Freedom Drive

City Clearwater State FL Zip Code 33755

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

Name of Employer self-employed Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-556-00su01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William Dordelman**

Mailing Address 300 Caversham Road

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Comcast Corporation Occupation senior vice president

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : C-568-00sm01**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

3700.00

**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 22 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Edwin L. Dottery**

Mailing Address 4168 Capitol Drive

City State Zip Code  
Palm Harbor FL 34685

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

Name of Employer Occupation  
Alakai Defense Systems president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-574-000Z0A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 900.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Edwin L. Dottery**

Mailing Address 4168 Capitol Drive

City State Zip Code  
Palm Harbor FL 34685

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

Name of Employer Occupation  
Alakai Defense Systems president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-575-000Z0B**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth M. Dottery**

Mailing Address 3852 Ambassador Drive

City State Zip Code  
Palm Harbor FL 34685

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-578-00LG04**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 700.00

Memo Item

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

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

\_\_\_\_\_ 2300.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 23 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth M. Dottery**

Mailing Address 3852 Ambassador Drive

City State Zip Code  
Palm Harbor FL 34685

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2016**

**Transaction ID : C-579-00LG05**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Don Downing**

Mailing Address 511 Regatta Bay Blvd.

City State Zip Code  
Destin FL 32541

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 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 / 2016**

**Transaction ID : C-582-00qR01**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John L. Draheim**

Mailing Address 224 Windward Island

City State Zip Code  
Clearwater Beach FL 33767

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 17 / 2016**

**Transaction ID : C-587-00Rt04**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**2500.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Edward C. Droste**

Mailing Address 107 Hampton Road, #120

City Clearwater State FL Zip Code 33759

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

Name of Employer Provident Advertising Occupation president

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-589-00WA02**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Patricia J. Duggan**

Mailing Address 1740 Gulf Blvd.

City Belleair Beach State FL Zip Code 33786

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-591-00Jn04**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Patricia J. Duggan**

Mailing Address 1740 Gulf Blvd.

City Belleair Beach State FL Zip Code 33786

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-592-00Jn05**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

6400.00

**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 25 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Ann W. Duncan**

Mailing Address 7021 Pelican Island Drive

City Tampa State FL Zip Code 33634

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

Name of Employer Occupier Services Group Occupation exec. vice-president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-602-00tt01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Elmassian**

Mailing Address 2399 Pine Hollow Drive

City East Lansing State MI Zip Code 48823

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

Name of Employer Capital Area Anesthesia, PC Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2016

**Transaction ID : C-627-00rd01**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Stanton Englander**

Mailing Address 15 Winston Drive

City Belleair State FL Zip Code 33756

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

Name of Employer Insite Real Estate, Inc. Occupation commercial real estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : C-634-00rW01**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: (check only one)	PAGE 26 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Sue Englander**

Mailing Address 15 Winston Drive

City Belleair State FL Zip Code 33756

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

Name of Employer EEI Manufacturing Services Occupation president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : C-638-00CD05**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dale A. Ensminger**

Mailing Address 6601 Bayou Grande Blvd., N.E.

City St. Petersburg State FL Zip Code 33702

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

Name of Employer Hartford Insurance Group Occupation executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C-640-004b04**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Entel**

Mailing Address 521 Mandalay Avenue, #902

City Clearwater Beach State FL Zip Code 33767

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

Name of Employer Radiology Associates of Clearwater Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-647-00UV09**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 27 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J. Entel**

Mailing Address 521 Mandalay Avenue, #902

City Clearwater Beach State FL Zip Code 33767

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

Name of Employer Radiology Associates of Clearwater Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-648-00UV0A**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jay Epstein**

Mailing Address 7358 Sawgrass Point Drive

City Pinellas Park State FL Zip Code 33782

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

Name of Employer Greater Florida Anesthesiologists Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2016

**Transaction ID : C-653-001D05**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Olga M. Faison**

Mailing Address 2120 Stonebridge Lane

City Charlotte State NC Zip Code 28211

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-664-00rg01**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3450.00

**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 28 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Olga M. Faison**

Mailing Address 2120 Stonebridge Lane

City State Zip Code  
Charlotte NC 28211

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-665-00rg02**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**George E. Feaster**

Mailing Address 13300 Indian Rocks Road, #1304

City State Zip Code  
Largo FL 33774

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

Name of Employer Occupation  
self-employed funeral consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

**Transaction ID : C-676-00AS06**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ann N. Ferrentino**

Mailing Address 166 Annwood Road

City State Zip Code  
Palm Harbor FL 34685

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : C-701-00EB04**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

**3700.00**

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

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

FOR LINE NUMBER: PAGE 29 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Laureen E. Galeoto**

Mailing Address 6212 Bayshore Blvd., #F

City Tampa State FL Zip Code 33611

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

Name of Employer Law Office of Laureen Galeoto, PLLC Occupation attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-767-00Uh02**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kira Gekht**

Mailing Address 2750 Stickney Point Road, #109

City Sarasota State FL Zip Code 34231

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

Name of Employer self-employed Occupation dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-787-00sq01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert Gill**

Mailing Address 7330 W. Gulf Club Street

City Crystal River State FL Zip Code 34429

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

Name of Employer Shrimp Landing Occupation owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2016

**Transaction ID : C-808-00rZ01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

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

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

\_\_\_\_\_ 1500.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 30 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Ernest C. Godfrey**

Mailing Address 10770 Nina Street

City State Zip Code  
Largo FL 33778

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pinellas Animal Hospital veterinarian

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : C-838-00tm01**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Keith Goindon**

Mailing Address 1902 Wharf Road

City State Zip Code  
Galveston TX 77550

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
professional fisherman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : C-841-00tx01**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Keith Goindon**

Mailing Address 1902 Wharf Road

City State Zip Code  
Galveston TX 77550

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
professional fisherman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : C-842-00tx02**

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 31 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Michael A. Goodman**

Mailing Address 907 S. Orleans Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer Victory Group, Inc. Occupation executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-855-005H04**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mark Govoni**

Mailing Address 648 Pumpkin Hill Road

City Warner State NH Zip Code 03278

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

Name of Employer UFCW 1445 Occupation union representative

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-871-004a02**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Patricia Govoni**

Mailing Address 648 Pumpkin Hill Road

City Warner State NH Zip Code 03278

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-872-00qz01**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 32 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

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

Mailing Address 1574 Sodon Lake Drive

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Oakland University Occupation physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-878-00sH01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William Griffiths**

Mailing Address 1595 Pinellas Bayway, S.

City Tierra Verde State FL Zip Code 33715

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

**Transaction ID : C-910-008P0C**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Guarino**

Mailing Address 5533 Winhawk Way

City Lutz State FL Zip Code 33558

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

Name of Employer self-employed Occupation healthcare consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

**Transaction ID : C-916-00Uj03**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**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: (check only one)	PAGE 33 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**John Hales**

Mailing Address 2019 Illinois Avenue, N.E.

City St. Petersburg State FL Zip Code 33703

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2016**

**Transaction ID : C-934-008H06**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address 2019 Illinois Avenue, N.E.

City St. Petersburg State FL Zip Code 33703

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2016**

**Transaction ID : C-935-008H07**

Amount of Each Receipt this Period  
**25.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John Hales**

Mailing Address 2019 Illinois Avenue, N.E.

City St. Petersburg State FL Zip Code 33703

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : C-936-008H08**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

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

**175.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 34 OF 165

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Haston**

Mailing Address 1 River Hollow Lane

City State Zip Code  
 Houston TX 77027

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

Name of Employer Occupation  
 Carter Haston real estate financial analyst

Receipt For: 2016  
 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 / 2016

**Transaction ID : C-964-00qW01**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Haverty**

Mailing Address 3115 Hyde Park Drive

City State Zip Code  
 Clearwater FL 33761

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

Name of Employer Occupation  
 n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2016

**Transaction ID : C-966-00AW07**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John T. Hebert**

Mailing Address 2980 Sandpiper Place

City State Zip Code  
 Clearwater FL 33762

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

Name of Employer Occupation  
 Mallard Group, Inc. president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-975-00tp01**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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: PAGE 35 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Henderson**

Mailing Address 601 S.W. 23rd Road

City State Zip Code  
Miami FL 33129

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

Name of Employer Occupation  
Henderson Strategies, Inc. executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C-980-00uF01**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Phil M. Henderson**

Mailing Address 1672 Winding Creek Road

City State Zip Code  
Dunedin FL 34698

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

Name of Employer Occupation  
Caladesi Island Connection, Inc. owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

**Transaction ID : C-981-00Rs02**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Frank V. Hibbard**

Mailing Address 308 Druid Road, W.

City State Zip Code  
Clearwater FL 33756

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

Name of Employer Occupation  
self-employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-994-00tr01**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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: PAGE 36 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Robert N. Hightower**

Mailing Address 331 Cleveland Street, #1003

City State Zip Code  
Clearwater FL 33755

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

Name of Employer Occupation  
self-employed attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-998-00tq01**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William T. Hogarth**

Mailing Address 4649 Mirabella Court

City State Zip Code  
Saint Pete Beach FL 33706

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

Name of Employer Occupation  
University of South Florida director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-1024-00b105**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Edwin D. Hooper**

Mailing Address 2040 Lakeview Drive, #205

City State Zip Code  
Clearwater FL 33763

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1056-00FS05**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 37 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Robert H. Horowitz**

Mailing Address 362 Swank Road

City Hollsopple State PA Zip Code 15935

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-1062-00sC01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Yen-Wen Hsu**

Mailing Address 130 72nd Street North

City St. Petersburg State FL Zip Code 33710

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

Name of Employer Champ-East Occupation real estate investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2016

**Transaction ID : C-1066-00qL01**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Julie Hunt**

Mailing Address 1400 Court Street

City Clearwater State FL Zip Code 33756

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

Name of Employer self-employed Occupation chiropractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1072-00tc01**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

2000.00

**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 38 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas P. Inzina**

Mailing Address 405 Buttonwood Lane

City State Zip Code  
Largo FL 33770

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

Name of Employer Occupation  
Baycare Health System vice-president/finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

**Transaction ID : C-1090-00ts01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Berny V. Jacques**

Mailing Address 6150 Gulfport Blvd., #416

City State Zip Code  
St. Petersburg FL 33707

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

Name of Employer Occupation  
State of Florida attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

**Transaction ID : C-1104-005r03**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Scott Jaffe**

Mailing Address 1112 S. Moody Avenue

City State Zip Code  
Tampa FL 33629

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

Name of Employer Occupation  
Jaffe Tilchin Wealth Management investment manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

**Transaction ID : C-1106-00qC01**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 39 OF 165  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Jolly**

Mailing Address 3790 N. Dumbarton Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Reed & Jolly attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : C-1142-00OP03**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Judith R. Jolly**

Mailing Address 11541 Arlhuna Way

City State Zip Code  
Dade City FL 33525

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : C-1147-000x06**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Paul Kalloghlian**

Mailing Address 1883 Bayview Drive

City State Zip Code  
Tierra Verde FL 33715

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

Name of Employer Occupation  
Aria Health & Wellness Institute chiropractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

**Transaction ID : C-1171-00s201**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 40 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Gail Kearns**

Mailing Address P. O. Box 1262

City Hailey State ID Zip Code 83333

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2016

**Transaction ID : C-1182-00qa01**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Kelly**

Mailing Address 11634 Briarwood Circle, #3

City Boynton Beach State FL Zip Code 33437

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

Name of Employer Mutualink Occupation National Field Trainer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C-1186-00r601**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Kelly**

Mailing Address 2107 Plyers Mill Road

City Silver Spring State MD Zip Code 20902

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

Name of Employer CLS America Occupation director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : C-1188-00uX01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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 41 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Bradley W. Kenyon**

Mailing Address 1376 Hillside Drive

City Tarpon Springs State FL Zip Code 34689

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

Name of Employer Boat & Motor Superstores Occupation executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-1190-00tz01**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3214 Riverside Avenue

City Jacksonville State FL Zip Code 32205

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

Name of Employer Sheridan Healthcare, Inc. Occupation physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2016

**Transaction ID : C-1191-00rY01**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marie F. King**

Mailing Address 6048 54th Street, N.

City St. Petersburg State FL Zip Code 33709

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C-1203-004F03**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 42 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Hilda Kinsey**

Mailing Address 1180 Lakefield Walk

City Marietta State GA Zip Code 30064

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2016

**Transaction ID : C-1206-00rp01**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David A. Krebs**

Mailing Address 712 Planet Drive

City Destin State FL Zip Code 32541

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

Name of Employer Ariel Seafood, Inc. Occupation seafood distributor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : C-1246-00ul01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Louis Kwall**

Mailing Address 930 Pine Hill Road

City Palm Harbor State FL Zip Code 34683

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

Name of Employer Kwall, Showers & Barack, P.A. Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : C-1253-00uQ01**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1500.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 43 OF 165

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Lang**

Mailing Address 5454 Heyward Square Place

City Marietta State GA Zip Code 30068

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

Name of Employer Comcast Cable Occupation marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : C-1277-00so01**

Amount of Each Receipt this Period  
 1250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Christopher J. Latvala**

Mailing Address 1395 N. McMullen Booth Road

City Clearwater State FL Zip Code 33759

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

Name of Employer State of Florida Occupation state legislator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1297-00fL02**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**W. Jack Latvala**

Mailing Address 2050 Tall Pines Drive, #A

City Largo State FL Zip Code 33771

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

Name of Employer State of Florida Occupation state senator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2689.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1300-00LH04**

Amount of Each Receipt this Period  
 1250.00

Memo Item

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

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

3500.00

**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 44 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**W. Jack Latvala**

Mailing Address 2050 Tall Pines Drive, #A

City State Zip Code  
Largo FL 33771

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

Name of Employer Occupation  
State of Florida state senator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2689.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-1301-00LH05**

Amount of Each Receipt this Period  
189.28

Memo Item  
\* In-Kind-> food & beverage

**B.** Full Name (Last, First, Middle Initial)  
**Jerome P. Lavelly**

Mailing Address 2157 Bayou Grande Blvd., N.E.

City State Zip Code  
Saint Petersburg FL 33703

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

Name of Employer Occupation  
OWT Global president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-1305-000I07**

Amount of Each Receipt this Period  
700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn Lehman**

Mailing Address 3106 Russell Road

City State Zip Code  
Alexandria VA 22305

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

Name of Employer Occupation  
Holland & Knight attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-1317-00r001**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1389.28

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

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

FOR LINE NUMBER: PAGE 45 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Robert L. Livingston**

Mailing Address 7703 Northdown Road

City Alexandria State VA Zip Code 22308

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

Name of Employer Livingston Group Occupation govt. relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-1348-003c02**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 1300 Ponce de Leon Drive

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer Loving Scully Law Group Occupation attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C-1360-00r301**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Susan Loving**

Mailing Address 1300 Ponce de Leon Drive

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer Loving Scully Law Group Occupation bookkeeper

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : C-1361-00r201**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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: PAGE 46 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Ian A. Mackechnie**

Mailing Address 600 N. Westshore Blvd., #1200

City Tampa State FL Zip Code 33609

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

Name of Employer Amscot Occupation executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : C-1390-00VA02**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Holly Magnan**

Mailing Address 1383 Monterey Circle, N.E.

City St. Petersburg State FL Zip Code 33704

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

Name of Employer Delta Construction Partners Occupation executive recruiter

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : C-1395-00LN06**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Maier Investment & Development II, LLC**

Mailing Address 14561 58th Street, N.

City Clearwater State FL Zip Code 33760

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

Name of Employer n/a Occupation partnership

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-1399-00qN01**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 47 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Betty J. Maloney**

Mailing Address 344 12th Avenue

City State Zip Code  
Indian Rocks Beach FL 33785

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : C-1409-00F808**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Betty J. Maloney**

Mailing Address 344 12th Avenue

City State Zip Code  
Indian Rocks Beach FL 33785

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-1410-00F809**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**O. Ken Marks**

Mailing Address P. O. Box 2336

City State Zip Code  
Clearwater FL 33757

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

Name of Employer Occupation  
Freedom Ford auto dealer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1423-00kP02**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

1200.00

**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 48 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**J. Allen Martin**

Mailing Address 10095 Lawyers Road

City State Zip Code  
Vienna VA 22181

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

Name of Employer Occupation  
The Livingston Group partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-1427-00CZ02**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Carol R. Mathews**

Mailing Address 109 Maplewood Avenue

City State Zip Code  
Clearwater FL 33765

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : C-1434-007J07**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Greg Matthews**

Mailing Address 1020 41st Avenue, N.

City State Zip Code  
St. Petersburg FL 33703

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-1436-00t401**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked-> Small Busines rcvd.

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 49 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**John McClelland**

Mailing Address 401 Palm Drive

City State Zip Code  
Largo FL 33770

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

**Transaction ID : C-1447-00t701**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William N. McCormick**

Mailing Address 247 Scotland Street

City State Zip Code  
Dunedin FL 34698

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

Name of Employer Occupation  
McCormick Stevenson engineer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-1456-000D05**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Walter McCracken**

Mailing Address P. O. Box 908

City State Zip Code  
Safety Harbor FL 34695

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

Name of Employer Occupation  
WJM Consulting consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2016

**Transaction ID : C-1462-007F06**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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 50 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Sean K, McQuaid**

Mailing Address 7240 17th Court, N.E.

City St. Petersburg	State FL	Zip Code 33702
------------------------	-------------	-------------------

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

Name of Employer Battaglia, Ross, Dicus & McQuaid, PA	Occupation attorney
--	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C-1481-00sg01**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Elaine Mikurak**

Mailing Address 400 Beach Drive, N.E., #703

City St. Petersburg	State FL	Zip Code 33701
------------------------	-------------	-------------------

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

Name of Employer n/a	Occupation retired
-------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1515-00vv01**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John D. Milne**

Mailing Address 409 G. Street, S.E.

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer The First Group	Occupation principal
-------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

**Transaction ID : C-1539-00tX01**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 51 OF 165  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Mitchiner**

Mailing Address 1755 Chancery Lane

City State Zip Code  
Clearwater FL 33759

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

Name of Employer Occupation  
Medtronic sales manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-1553-00sO01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gene Moran**

Mailing Address 7904 Heritage Grand Place

City State Zip Code  
Bradenton FL 34212

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

Name of Employer Occupation  
Capitol Integration govt. relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : C-1576-000w0A**

Amount of Each Receipt this Period  
 900.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Donald H. Morgan**

Mailing Address 14135 Chamberlain Avenue

City State Zip Code  
Largo FL 33774

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

Name of Employer Occupation  
Bluffs Animal Hospital veterinarian

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1579-00hA02**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

2150.00

**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 52 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Steven A. Murawski**

Mailing Address 4629 Mirabella Court

City State Zip Code  
Saint Pete Beach FL 33706

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

Name of Employer Occupation  
USF scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

**Transaction ID : C-1600-00uJ01**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sumbul Naovi**

Mailing Address 82 Olive Street

City State Zip Code  
Ashland MA 01721

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

Name of Employer Occupation  
self-employed dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : C-1614-00sv01**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**David Neglia**

Mailing Address 1885 Shetland Court

City State Zip Code  
Palm Harbor FL 34685

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

Name of Employer Occupation  
Alakai Defense Systems finance director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

**Transaction ID : C-1640-000Y06**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

3450.00

**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 53 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Don Neill**

Mailing Address 801 S. Olive Avenue, #1101

City West Palm Beach State FL Zip Code 33401

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-1641-00sM01**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey D. Nelson**

Mailing Address 1930 Florida Avenue

City Palm Harbor State FL Zip Code 34683

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

Name of Employer David Nelson Construction Co. Occupation president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1642-00WB02**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Susan Nelson**

Mailing Address 624 N. Patrick Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Aerojet Rocketdyne Occupation govt. relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

**Transaction ID : C-1644-00lf02**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

2850.00

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

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

FOR LINE NUMBER: PAGE 54 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Jacqueline J. Ormerod**

Mailing Address 453 Old Oak Circle

City State Zip Code  
Palm Harbor FL 34683

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 01 / 2016**

**Transaction ID : C-1677-00AZ05**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan Tyler Payne**

Mailing Address 68 Dolphin Drive

City State Zip Code  
Treasure Island FL 33706

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

Name of Employer Occupation  
Icare Labs attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2016**

**Transaction ID : C-1721-00sh01**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Harlon H. Pearce**

Mailing Address 170 S. Roadway Street

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation  
Gulf Seafood Institute chairman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2016**

**Transaction ID : C-1729-00u301**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 55 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Peters**

Mailing Address 6800 Gulfport Blvd., S., #201-331

City South Pasadena State FL Zip Code 33707

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

Name of Employer State of Florida Occupation state legislator

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1749-00gu02**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gary Phillips**

Mailing Address 5900 N. Granite Reef Road, #100

City Scottsdale State AZ Zip Code 85250

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

Name of Employer GP West, Inc. Occupation contractor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : C-1761-001W05**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Arvid Philomin**

Mailing Address 285 Fort Washington Avenue, #CD

City New York State NY Zip Code 10032

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

Name of Employer Esteticare Dental Consultants Occupation dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-1766-00sy01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

**2000.00**

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

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

FOR LINE NUMBER: PAGE 56 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth R. Pohl**

Mailing Address 2270 Barbara Drive

City State Zip Code  
Clearwater FL 33764

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

Name of Employer Occupation  
Alakai Defense Systems scientist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-1778-000X05**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Shivaprasanna Rai**

Mailing Address 11648 Sandal Wood Lane

City State Zip Code  
Manassas VA 20112

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

Name of Employer Occupation  
self-employed dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-1815-00ss01**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert H. Risberg**

Mailing Address 231 Howard Drive

City State Zip Code  
Belleair Beach FL 33786

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-1864-00h002**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

3150.00

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

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

FOR LINE NUMBER: PAGE 57 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Megan L. Roach**

Mailing Address 2511 70th Avenue, S.

City State Zip Code  
St. Petersburg FL 33712

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

Name of Employer Occupation  
Albertelli Law attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : C-1868-00FZ02**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard M. Roman**

Mailing Address 11073 Country Club Blvd.

City State Zip Code  
Tampa FL 33620

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

Name of Employer Occupation  
Gulf Coast Underwriters insurance agent

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-1887-00ry01**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Frank Rosemeier**

Mailing Address 8713 Lake Tibet Court

City State Zip Code  
Orlando FL 32836

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

Name of Employer Occupation  
JLR US physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2016

**Transaction ID : C-1893-00ri01**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 58 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Rosenthal**

Mailing Address 1907 S. Bendelow Trail

City Tampa State FL Zip Code 33629

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

Name of Employer MSR Public Adjuster Occupation insurance agent

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-1898-00qA01**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Tim Ryan**

Mailing Address 8080 Woodberry Blvd.

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer Great Lakes Growers Occupation produce distribution

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-1919-00vN01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sandra Schneider**

Mailing Address 1937 The Oaks Blvd.

City Kissimmee State FL Zip Code 34746

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : C-1950-00pp01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 59 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**David Scott**

Mailing Address **7760 Cow Camp Lane**

City **Lakewood Ranch** State **FL** Zip Code **34240**

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

Name of Employer **Comcast Spectacor** Occupation **president**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2016**

**Transaction ID : C-1978-00t801**

Amount of Each Receipt this Period  
**1050.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Brian Shuford**

Mailing Address **2609 Butterfly Landing Drive**

City **Land O' Lakes** State **FL** Zip Code **34638**

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

Name of Employer **Outfront Media** Occupation **govt. relations**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**775.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 05 / 2016**

**Transaction ID : C-2031-00fA0A**

Amount of Each Receipt this Period  
**25.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Brian Shuford**

Mailing Address **2609 Butterfly Landing Drive**

City **Land O' Lakes** State **FL** Zip Code **34638**

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

Name of Employer **Outfront Media** Occupation **govt. relations**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**775.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 05 / 2016**

**Transaction ID : C-2032-00fA0B**

Amount of Each Receipt this Period  
**25.00**

Memo Item

**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: PAGE 60 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Shuford**

Mailing Address 2609 Butterfly Landing Drive

City Land O' Lakes State FL Zip Code 34638

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

Name of Employer Outfront Media Occupation govt. relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **775.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2016

**Transaction ID : C-2033-00fA0C**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Terry Silva**

Mailing Address 1800 Robinson Drive, N.

City St. Petersburg State FL Zip Code 33710

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

Name of Employer CACI, Inc. Occupation defense analyst

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : C-2049-005Y0D**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jonathan Slonin**

Mailing Address 5191 S.W. Longspur Lane

City Palm City State FL Zip Code 34990

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

Name of Employer Team Health Anesthesia Occupation physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-2062-00sL01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

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

\_\_\_\_\_ **375.00**

\_\_\_\_\_

**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 61 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Susan S. Sofer**

Mailing Address 569 Cortez Avenue

City Belleair Bluffs State FL Zip Code 33770

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

Name of Employer Cody's Roadhouse Occupation managing member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-2081-00s701**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bernard Stein**

Mailing Address 1825 Bayshore Blvd.

City Tampa State FL Zip Code 33606

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

Name of Employer Stein & Knight Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-2107-00q901**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William Stemper**

Mailing Address 237 Blackburn Drive

City Berwyn State PA Zip Code 19312

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

Name of Employer Comcast Corporation Occupation executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : C-2113-00sn01**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 62 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara A. Stephens**

Mailing Address 12133 70th Avenue

City Seminole State FL Zip Code 33772

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2016**

**Transaction ID : C-2117-00230A**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barbara A. Stephens**

Mailing Address 12133 70th Avenue

City Seminole State FL Zip Code 33772

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2016**

**Transaction ID : C-2118-00230B**

Amount of Each Receipt this Period  
**25.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Barbara A. Stephens**

Mailing Address 12133 70th Avenue

City Seminole State FL Zip Code 33772

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 17 / 2016**

**Transaction ID : C-2119-00230C**

Amount of Each Receipt this Period  
**30.00**

Memo Item

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

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

**105.00**

**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 63 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Elliot W. Stern**

Mailing Address 6850 County Road 95

City State Zip Code  
Palm Harbor FL 34684

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : C-2122-00AK05**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Daniel Stewart**

Mailing Address 9170 Route 108, #200

City State Zip Code  
Columbia MD 21045

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

Name of Employer Occupation  
self-employed dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2016**

**Transaction ID : C-2126-00st01**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William Stover**

Mailing Address 2152 Coffee Pot Blvd., N.E.

City State Zip Code  
St. Petersburg FL 33704

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2016**

**Transaction ID : C-2131-00KF02**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**850.00**

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

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

FOR LINE NUMBER: PAGE 64 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Robert B. Swick**

Mailing Address 831 Peggy Ray Drive

City State Zip Code  
Dunedin FL 34698

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-2161-005K05**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Peter A. Tashman**

Mailing Address 36750 U.S. 19, N.

City State Zip Code  
Palm Harbor FL 34684

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-2168-00Rr03**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Debbie M. Taub**

Mailing Address 921 Anchorage Road

City State Zip Code  
Tampa FL 33602

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

Name of Employer Occupation  
Taub Entities real estate developer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : C-2173-00em03**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 65 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**John Thomas**

Mailing Address 135 Willadel Drive

City Belleair State FL Zip Code 33756

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

Name of Employer Pinch A Penny Occupation executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-2192-00hG02**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**T. Stephen Tomeny**

Mailing Address P. O. Box 639

City Golden Meadow State LA Zip Code 70357

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

Name of Employer Steve Tomeny Charters Occupation owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : C-2203-00u601**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Rushikesh Trivedi**

Mailing Address 51-17 Parsons Blvd.

City Flushing State NY Zip Code 11355

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

Name of Employer Preferred Dental Care Occupation executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : C-2212-00sr01**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 66 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**John Trombitas**

Mailing Address 3197 Spoonbill Court

City State Zip Code  
Clearwater FL 33762

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

Name of Employer Occupation  
Veterans Administration service representative

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : C-2213-00u001**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James C. Ulliman**

Mailing Address 1325 Snell Isle Blvd., N.E., #908

City State Zip Code  
St. Petersburg FL 33704

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

Name of Employer Occupation  
Alakai Defense Systems production manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-2243-00b003**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Katrina Urbano**

Mailing Address P. O. Box 23023

City State Zip Code  
Tampa FL 33623

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

Name of Employer Occupation  
self-employed real estate mgr.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : C-2251-00rz01**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

1500.00

**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 67 OF 165
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Mark Waclawski</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2016	
Mailing Address 409 Colin Lane, N.W.		<b>Transaction ID : C-2273-00vd01</b>	
City Vienna	State VA	Amount of Each Receipt this Period _____ 500.00	
Zip Code 22180		<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C _____			
Name of Employer General Dynamics	Occupation director/govt. relations		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Waclawski</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2016	
Mailing Address 6212 Woodland Lake Drive		<b>Transaction ID : C-2278-00Ar06</b>	
City Alexandria	State VA	Amount of Each Receipt this Period _____ 200.00	
Zip Code 22310		<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C _____			
Name of Employer The Boeing Company	Occupation govt. relations		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Waclawski</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2016	
Mailing Address 6212 Woodland Lake Drive		<b>Transaction ID : C-2279-00Ar07</b>	
City Alexandria	State VA	Amount of Each Receipt this Period _____ 300.00	
Zip Code 22310		<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C _____			
Name of Employer The Boeing Company	Occupation govt. relations		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		

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

**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 68 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Donna Walker**

Mailing Address 401 Diane Drive

City: Andalusia State: AL Zip Code: 36420

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

Name of Employer: Walker Fishing Fleet, Inc. Occupation: secretary

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 06 / 27 / 2016

**Transaction ID : C-2290-00uK01**

Amount of Each Receipt this Period: 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William M. Ward**

Mailing Address 606 Riviera Dunes Way, #505

City: Palmetto State: FL Zip Code: 34221

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

Name of Employer: Ward Consulting Partners, LLC Occupation: attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 20 / 2016

**Transaction ID : C-2298-00u201**

Amount of Each Receipt this Period: 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert D. Waterbury**

Mailing Address 727 House Wren Circle

City: Palm Harbor State: FL Zip Code: 34683

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

Name of Employer: Alakai Defense Systems Occupation: director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 05 / 20 / 2016

**Transaction ID : C-2303-000W06**

Amount of Each Receipt this Period: 250.00

Memo Item

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 69 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas Weiland**

Mailing Address 3273 Landmark Drive

City State Zip Code  
Clearwater FL 33761

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

Name of Employer Occupation  
JES Properties c.e.o.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-2310-00pz01**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Charlie Weis**

Mailing Address 11878 Hawk Hollow

City State Zip Code  
Lake Worth FL 33449

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

Name of Employer Occupation  
Boston Holding, LLC managing director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : C-2314-00pr01**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**James M. West**

Mailing Address 5229 Cosgrove Cove

City State Zip Code  
Memphis TN 38117

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

Name of Employer Occupation  
Medical Anesthesia Group physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-2320-00sG01**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

3700.00

**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 70 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Whisenand**

Mailing Address 2353 Kent Drive, S.

City State Zip Code  
Largo FL 33774

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

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : C-2333-00750A**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Williams**

Mailing Address 4 Oakleaf Court

City State Zip Code  
Safety Harbor FL 34695

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

Name of Employer Occupation  
Maier Investments & Dev. II, LLC partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
833.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-2354-00qQ01**

Amount of Each Receipt this Period  
833.33

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**George B. Williams**

Mailing Address 13650 101st Terrace, N.

City State Zip Code  
Seminole FL 33776

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

Name of Employer Occupation  
Maier Investments & Dev. II, LLC partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
833.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : C-2357-00qP01**

Amount of Each Receipt this Period  
833.33

Memo Item

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

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

50.00

**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 71 OF 165
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**John Williams**

Mailing Address 865 Maximilian Court

City State Zip Code  
Chelsea MI 48118

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

Name of Employer Occupation  
Maier Investments & Dev. II, LLC partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**833.34**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2016**

**Transaction ID : C-2358-00q001**

Amount of Each Receipt this Period  
**833.34**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Williams**

Mailing Address 9850 Lake Louise Drive

City State Zip Code  
Windermere FL 34786

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

Name of Employer Occupation  
Universal Parks & Resorts c.e.o.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 07 / 2016**

**Transaction ID : C-2367-00t601**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Morgan L. Wolaver**

Mailing Address 122 Tilden Avenue

City State Zip Code  
Richmond VT 05477

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

Name of Employer Occupation  
self-employed real estate mgr.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2016**

**Transaction ID : C-2384-001V06**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**3200.00**

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

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

FOR LINE NUMBER: PAGE 72 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Morgan L. Wolaver**

Mailing Address 122 Tilden Avenue

City Richmond State VT Zip Code 05477

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

Name of Employer self-employed Occupation real estate mgr.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-2385-001V07**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

250.00

137209.28

**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 73 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Amer. Road & Transport. Build. Assoc. PAC**

Mailing Address 1219 28th Street, N.W.

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C C00118208**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-55-00tv01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Assn. of United States Postal Lessors PAC**

Mailing Address 8283 N. Hayden Road, #295

City Scottsdale State AZ Zip Code 85258

FEC ID number of contributing federal political committee. **C C00579573**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-88-00IR02**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address P. O. Box 271082

City Tampa State FL Zip Code 33688

FEC ID number of contributing federal political committee. **C C00155713**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : C-102-00Ku03**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 74 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Bloomin' Brands, Inc. PAC**

Mailing Address 2202 N. Westshore Blvd., 5th Floor

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-204-00uW01**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CenturyLink, Inc. Employees PAC**

Mailing Address 1099 New York Avenue, N.W., #250

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2016

**Transaction ID : C-349-00bh02**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Flir Systems, Inc. Employees PAC**

Mailing Address 27700 S.W. Parkway Avenue

City Wilsonville State OR Zip Code 97070

FEC ID number of contributing federal political committee. **C** C00411454

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : C-726-00XX03**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 75 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A. General Atomics PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 85608  
 City San Diego State CA Zip Code 92186  
 FEC ID number of contributing federal political committee. **C C00215285**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **8500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : C-793-00Qv08**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Giving Us Security PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 2485  
 City Springfield State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C C00531517**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : C-819-00pq01**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Giving Us Security PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 2485  
 City Springfield State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C C00531517**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : C-820-00pq02**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

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

6500.00

**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 76 OF 165
	<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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**JM Family Enterprises, Inc. PAC**

Mailing Address 100 Jim Moran Blvd.

City State Zip Code  
Deerfield Beach FL 33442

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : C-1095-00qK01**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**L-3 Communications Corporation PAC**

Mailing Address 600 3rd Avenue

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : C-1258-00TN06**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address 1125 Executive Circle

City State Zip Code  
Irving TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C-1630-00Q02**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

5000.00

**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 77 OF 165
	<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)  
**Friends of David Jolly**

**A. QSR Leaders Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1340 Hamlet Avenue

City Clearwater State FL Zip Code 33756

FEC ID number of contributing federal political committee. **C C00560821**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : C-1804-00tw01**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B. Science App. International Corp. Vol. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1710 SAIC Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C C00300418**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : C-1972-00RD03**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Small Business Council of America-PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 4299

City Columbus State GA Zip Code 31914

FEC ID number of contributing federal political committee. **C C00149948**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

**Transaction ID : C-2063-00t301**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 78 OF 165  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**Tuesday Group PAC**

Mailing Address 209 Pennsylvania Avenue, S.E.

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

**Transaction ID : C-2221-00Uy06**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2500.00

28200.00

**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 79 OF 165
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

**A.** Full Name (Last, First, Middle Initial)  
**The Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **51.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 29 / 2016**

**Transaction ID : C-139-004R0P**

Amount of Each Receipt this Period  
**2.81**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**The Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **51.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : C-140-004R0Q**

Amount of Each Receipt this Period  
**15.32**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**The Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **51.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C-141-004R0R**

Amount of Each Receipt this Period  
**14.36**

Memo Item

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

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

**32.49**

**32.49**

**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 80 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Keaton Alexander</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016		
Mailing Address 2300 N. Scenic Highway			Amount of Each Disbursement this Period 2000.00		
City Lake Wales	State FL	Zip Code 33898	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Category/ Type			
Candidate Name		Transaction ID : D24-00pL02			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. America First</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016		
Mailing Address 604 Banyan Trail, #811922			Amount of Each Disbursement this Period 650.00		
City Boca Raton	State FL	Zip Code 33431	Memo Item <input type="checkbox"/>		
Purpose of Disbursement dinner tickets		Category/ Type			
Candidate Name		Transaction ID : D32-00tB01			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016		
Mailing Address P. O. Box 360001			Amount of Each Disbursement this Period 6906.36		
City Fort Lauderdale	State FL	Zip Code 33336	Memo Item <input type="checkbox"/>		
Purpose of Disbursement see memo entries		Category/ Type			
Candidate Name		Transaction ID : D83-00rT01			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9556.36
<b>TOTAL</b> 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 81 OF 165			
	<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)  
**Friends of David Jolly**

**A. Budget Rent-A-Car**

Full Name (Last, First, Middle Initial)  
Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 22 / 2016

Amount of Each Disbursement this Period: 247.36

Memo Item

**Transaction ID : D2-00Vo0D**  
Credit Card Item

**B. Four Points Tallahassee Downtown**

Full Name (Last, First, Middle Initial)  
Mailing Address 316 W. Tennessee Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2016

Amount of Each Disbursement this Period: 226.38

Memo Item

**Transaction ID : D4-00tD01**  
Credit Card Item

**C. Four Points by Sherton Coral Gables**

Full Name (Last, First, Middle Initial)  
Mailing Address 3861 S.W. 40th Street

City Coral Gables State FL Zip Code 33146

Purpose of Disbursement lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 11 / 2016

Amount of Each Disbursement this Period: 206.27

Memo Item

**Transaction ID : D5-00pn02**  
Credit Card Item

**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 82 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Four Points by Sheraton Coral Gables</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 3861 S.W. 40th Street		Amount of Each Disbursement this Period 202.27
City Coral Gables	State FL	
Zip Code 33146	Purpose of Disbursement lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D6-00pn03</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Four Points by Sheraton Coral Gables</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 3861 S.W. 40th Street		Amount of Each Disbursement this Period 296.67
City Coral Gables	State FL	
Zip Code 33146	Purpose of Disbursement lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D7-00pn04</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Four Points by Sheraton Coral Gables</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 3861 S.W. 40th Street		Amount of Each Disbursement this Period 312.67
City Coral Gables	State FL	
Zip Code 33146	Purpose of Disbursement lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D8-00pn05</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 83 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period 12.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D9-00cF13</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheraton Pentagon City</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 900 S. Orme Street		Amount of Each Disbursement this Period 449.74
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D10-00mz07</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton Pentagon City</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 900 S. Orme Street		Amount of Each Disbursement this Period 1012.86
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D11-00mz08</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 84 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Tampa International Airport</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 4100 George J. Bean Inbound Parkwa		Amount of Each Disbursement this Period 72.00
City Tampa	State FL	
Zip Code 33607	Purpose of Disbursement parking	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D12-00QE05</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 17.86
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D13-00QT2b</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 23.49
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D14-00QT2c</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 85 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 29.96		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D15-00QT2d</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.34		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D16-00QT2e</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 27.69		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D17-00QT2f</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 86 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 32.15		
City San Francisco	State CA	Zip Code 94105	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D18-00QT2g Credit Card Item			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D19-00QT2h Credit Card Item			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 26.56		
City San Francisco	State CA	Zip Code 94105	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D20-00QT2i Credit Card Item			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 87 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 28.14		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D21-00QT2j</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Westin Crystal City</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address 1800 Jefferson Davis Highway			Amount of Each Disbursement this Period 749.02		
City Arlington	State VA	Zip Code 22202	<input type="checkbox"/> Memo Item <b>Transaction ID : D22-00n002</b> Credit Card Item		
Purpose of Disbursement lodging		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. The Westin Washington, D.C. City Center</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016		
Mailing Address 1400 M Street, N.W.			Amount of Each Disbursement this Period 1113.61		
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item <b>Transaction ID : D23-00n102</b> Credit Card Item		
Purpose of Disbursement lodging		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 88 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. The Westin Washington, D.C. City Center</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016	
Mailing Address 1400 M Street, N.W.			Amount of Each Disbursement this Period 1580.16	
City Washington	State DC	Zip Code 20005	Category/ Type	
Purpose of Disbursement lodging				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D24-00n103 Credit Card Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Bascom Communications &amp; Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address P. O. Box 2442			Amount of Each Disbursement this Period 2980.00	
City Tallahassee	State FL	Zip Code 32316	Category/ Type	
Purpose of Disbursement communications consulting				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D130-005R0k	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Bascom Communications &amp; Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address P. O. Box 2442			Amount of Each Disbursement this Period 2740.00	
City Tallahassee	State FL	Zip Code 32316	Category/ Type	
Purpose of Disbursement communications consulting				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D131-005R0l	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5720.00
<b>TOTAL</b> 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 89 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Bascom Communications &amp; Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address P. O. Box 2442			Amount of Each Disbursement this Period 2500.00		
City Tallahassee	State FL	Zip Code 32316	Memo Item <input type="checkbox"/>		
Purpose of Disbursement communications consulting		Category/ Type			
Candidate Name		Transaction ID : <b>D132-005R0m</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Cafe Ponte</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016		
Mailing Address 13505 Icot Blvd., #214			Amount of Each Disbursement this Period 1356.23		
City Clearwater	State FL	Zip Code 33760	Memo Item <input type="checkbox"/>		
Purpose of Disbursement catering		Category/ Type			
Candidate Name		Transaction ID : <b>D181-00u901</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Campaign Graphics</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016		
Mailing Address 1229 N. Wakonda Street			Amount of Each Disbursement this Period 4653.40		
City Flagstaff	State AZ	Zip Code 86004	Memo Item <input type="checkbox"/>		
Purpose of Disbursement signs		Category/ Type			
Candidate Name		Transaction ID : <b>D182-00An03</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8509.63
<b>TOTAL</b> 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 90 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 27 / 2016</b>
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period <b>744.25</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement meals/membership dues		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D206-00QO0W</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2016</b>
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period <b>513.78</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement food & beverage		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D207-00QO0X</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 10 / 2016</b>
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period <b>1091.60</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement food & beverage/dues		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D208-00QO0Y</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2349.63</b>
<b>TOTAL</b> 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 91 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address P. O. Box 13337		Amount of Each Disbursement this Period 623.05
City Philadelphia	State PA	
Zip Code 19101	Purpose of Disbursement see memo entry	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D217-00qM01</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Del Frisco's Double Eagle Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 950 I Street, N.W., #501		Amount of Each Disbursement this Period 623.05
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement food & beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D1-00kM02</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address P. O. Box 141251		Amount of Each Disbursement this Period 12407.54
City Dallas	State TX	
Zip Code 75214	Purpose of Disbursement digital strategy/ads	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D263-00hk08</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13030.59
<b>TOTAL</b> 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 92 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address P. O. Box 141251		Amount of Each Disbursement this Period <b>35784.81</b>
City Dallas	State TX	
Zip Code 75214	Purpose of Disbursement digital strategy/ads	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D264-00hk09</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 09 / 2016</b>
Mailing Address P. O. Box 141251		Amount of Each Disbursement this Period <b>10000.00</b>
City Dallas	State TX	
Zip Code 75214	Purpose of Disbursement advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D265-00hk0A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 21 / 2016</b>
Mailing Address P. O. Box 141251		Amount of Each Disbursement this Period <b>100.00</b>
City Dallas	State TX	
Zip Code 75214	Purpose of Disbursement advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D266-00hk0B</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>45884.81</b>
<b>TOTAL</b> 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 93 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address P. O. Box 141251		Amount of Each Disbursement this Period 100.00
City Dallas	State TX	
Zip Code 75214	Purpose of Disbursement advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D267-00hk0C</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address P. O. Box 141251		Amount of Each Disbursement this Period 15145.74
City Dallas	State TX	
Zip Code 75214	Purpose of Disbursement digital strategy/ads	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D268-00hk0D</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Crabby Bill's</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 401 Gulf Blvd.		Amount of Each Disbursement this Period 130.05
City Indian Rocks Beach	State FL	
Zip Code 33785	Purpose of Disbursement food & beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D275-00Pu05</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15375.79
<b>TOTAL</b> 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 94 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Data Targeting, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016		
Mailing Address 6211 N.W. 132nd Street			Amount of Each Disbursement this Period 1800.00		
City Gainesville	State FL	Zip Code 32653	Memo Item <input type="checkbox"/>		
Purpose of Disbursement research		Category/ Type			
Candidate Name		Transaction ID : D301-002H0t			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Douglas J. DeWysocki</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016		
Mailing Address 7719 Hunter Lane			Amount of Each Disbursement this Period 1333.00		
City Pinellas Park	State FL	Zip Code 33782	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Category/ Type			
Candidate Name		Transaction ID : D305-00rU01			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Douglas J. DeWysocki</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016		
Mailing Address 7719 Hunter Lane			Amount of Each Disbursement this Period 666.50		
City Pinellas Park	State FL	Zip Code 33782	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Category/ Type			
Candidate Name		Transaction ID : D306-00rU02			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3799.50
<b>TOTAL</b> 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 95 OF 165	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Douglas J. DeWysocki</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2016</b>
Mailing Address <b>7719 Hunter Lane</b>		Amount of Each Disbursement this Period <b>666.50</b> <input type="checkbox"/> Memo Item <b>Transaction ID : D307-00rU03</b>
City <b>Pinellas Park</b>	State <b>FL</b>	
Zip Code <b>33782</b>	Purpose of Disbursement <b>salary</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Douglas J. DeWysocki</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2016</b>
Mailing Address <b>7719 Hunter Lane</b>		Amount of Each Disbursement this Period <b>666.50</b> <input type="checkbox"/> Memo Item <b>Transaction ID : D308-00rU04</b>
City <b>Pinellas Park</b>	State <b>FL</b>	
Zip Code <b>33782</b>	Purpose of Disbursement <b>salary</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Douglas J. DeWysocki</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2016</b>
Mailing Address <b>7719 Hunter Lane</b>		Amount of Each Disbursement this Period <b>666.50</b> <input type="checkbox"/> Memo Item <b>Transaction ID : D309-00rU05</b>
City <b>Pinellas Park</b>	State <b>FL</b>	
Zip Code <b>33782</b>	Purpose of Disbursement <b>salary</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1999.50</b>
<b>TOTAL</b> 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 96 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address <b>244 14th Place, N.E., #2</b>		Amount of Each Disbursement this Period <b>23043.24</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20002</b>	Purpose of Disbursement <b>fundraising consulting</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D340-007P0r</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address <b>244 14th Place, N.E., #2</b>		Amount of Each Disbursement this Period <b>5089.94</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20002</b>	Purpose of Disbursement <b>fundraising expenses</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D341-007P0s</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>
Mailing Address <b>244 14th Place, N.E., #2</b>		Amount of Each Disbursement this Period <b>4512.10</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20002</b>	Purpose of Disbursement <b>fundraising consulting</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D342-007P0t</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>32645.28</b>
<b>TOTAL</b> 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 97 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Decker Consulting Services</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 244 14th Place, N.E., #2			Amount of Each Disbursement this Period 40.80
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement delivery/parking		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D343-007P0u</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Executive Center Suites, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 9800 4th Street, N., #200			Amount of Each Disbursement this Period 1541.80
City St. Petersburg	State FL	Zip Code 33702	
Purpose of Disbursement office rent/postage		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D407-00Xj0F</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Executive Center Suites, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 9800 4th Street, N., #200			Amount of Each Disbursement this Period 926.00
City St. Petersburg	State FL	Zip Code 33702	
Purpose of Disbursement office rent		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D408-00Xj0G</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2508.60
<b>TOTAL</b> 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 98 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Executive Center Suites, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 9800 4th Street, N., #200			Amount of Each Disbursement this Period 1008.00		
City St. Petersburg	State FL	Zip Code 33702	Memo Item <input type="checkbox"/>		
Purpose of Disbursement office rent/copies		Category/ Type	Transaction ID : D409-00Xj0H		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Florida Department of State</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016		
Mailing Address 500 S. Bronough Street			Amount of Each Disbursement this Period 10440.00		
City Tallahassee	State FL	Zip Code 32399	Memo Item <input type="checkbox"/>		
Purpose of Disbursement ballot qualifying fee		Category/ Type	Transaction ID : D418-001G03		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Florida Finance Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016		
Mailing Address 111-B E. College Avenue			Amount of Each Disbursement this Period 5000.00		
City Tallahassee	State FL	Zip Code 32301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement fundraising consulting		Category/ Type	Transaction ID : D425-00kR07		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16448.00
<b>TOTAL</b> 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 99 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Florida Finance Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016		
Mailing Address 111-B E. College Avenue			Amount of Each Disbursement this Period 5000.00		
City Tallahassee	State FL	Zip Code 32301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement fundraising consulting		Category/ Type	Transaction ID : <b>D426-00kR08</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Florida Finance Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016		
Mailing Address 111-B E. College Avenue			Amount of Each Disbursement this Period 5000.00		
City Tallahassee	State FL	Zip Code 32301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement fundraising consulting		Category/ Type	Transaction ID : <b>D427-00kR09</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Max Goodman</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016		
Mailing Address 111 Hamlet Hill Road, #406			Amount of Each Disbursement this Period 5208.33		
City Baltimore	State MD	Zip Code 21210	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Category/ Type	Transaction ID : <b>D528-00mc01</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15208.33
<b>TOTAL</b> 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 100 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Max J. Goodman</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016		
Mailing Address One 3rd Street, N.E., #6			Amount of Each Disbursement this Period 5208.33		
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Candidate Name	Transaction ID : <b>D547-00fj0J</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	Category/Type			

Full Name (Last, First, Middle Initial) <b>B. Max J. Goodman</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016		
Mailing Address One 3rd Street, N.E., #6			Amount of Each Disbursement this Period 1750.00		
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Candidate Name	Transaction ID : <b>D548-00fj0K</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	Category/Type			

Full Name (Last, First, Middle Initial) <b>C. Max J. Goodman</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address One 3rd Street, N.E., #6			Amount of Each Disbursement this Period 5208.33		
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>		
Purpose of Disbursement salary		Candidate Name	Transaction ID : <b>D549-00fj0L</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	Category/Type			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12166.66
<b>TOTAL</b> 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 101 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Max J. Goodman</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address One 3rd Street, N.E., #6			Amount of Each Disbursement this Period 3250.64	
City Washington	State DC	Zip Code 20002	<input type="checkbox"/> Memo Item	
Purpose of Disbursement see memo entries		Category/ Type	<b>Transaction ID : D550-00fj0M</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 219.10	
City Fort Worth	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement transportation		Category/ Type	<b>Transaction ID : D1-00fY0G</b>	
Candidate Name			Memo	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2016	
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 178.10	
City Fort Worth	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement transportation		Category/ Type	<b>Transaction ID : D2-00fY0h</b>	
Candidate Name			Memo	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.64
<b>TOTAL</b> 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 102 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>446.10</b>
City <b>Fort Worth</b> State <b>TX</b> Zip Code <b>76155</b>	Purpose of Disbursement <b>transportation</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D3-00fY0i</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Besito Mexican</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>
Mailing Address <b>205 Westshore Plaza Drive</b>		Amount of Each Disbursement this Period <b>341.47</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33609</b>	Purpose of Disbursement <b>food &amp; beverage</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D4-00tJ01</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Budget Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 08 / 2016</b>
Mailing Address <b>6 Sylvan Way</b>		Amount of Each Disbursement this Period <b>418.28</b>
City <b>Parsippany</b> State <b>NJ</b> Zip Code <b>07054</b>	Purpose of Disbursement <b>transportation</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D5-00Vo0E</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 103 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Budget Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>	
Mailing Address <b>6 Sylvan Way</b>			Amount of Each Disbursement this Period <b>801.73</b>	
City <b>Parsippany</b>	State <b>NJ</b>	Zip Code <b>07054</b>	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D6-00Vo0F</b> Memo	
Purpose of Disbursement <b>transportation</b>		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b>		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Matchbox</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 12 / 2016</b>	
Mailing Address <b>521 8th Street, S.E.</b>			Amount of Each Disbursement this Period <b>229.90</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D7-00f103</b> Memo	
Purpose of Disbursement <b>food &amp; beverage</b>		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b>		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2016</b>	
Mailing Address <b>2702 Love Field Drive</b>			Amount of Each Disbursement this Period <b>466.98</b>	
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75235</b>	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D8-00RC08</b> Memo	
Purpose of Disbursement <b>transportation</b>		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b>		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 104 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period 148.98
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D9-00RC09</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Max J. Goodman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address One 3rd Street, N.E., #6		Amount of Each Disbursement this Period 5208.33
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D551-00fj0N</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Max J. Goodman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address One 3rd Street, N.E., #6		Amount of Each Disbursement this Period 5208.33
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D552-00fj0O</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10416.66
<b>TOTAL</b> 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 105 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Max J. Goodman</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address One 3rd Street, N.E., #6			Amount of Each Disbursement this Period 6294.34	
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement salary		Category/ Type	Transaction ID : D553-00fj0P	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Hannibal Software, Inc.</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 611 Pennsylvania Ave., S.E., #345			Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software license		Category/ Type	Transaction ID : D559-00IS03	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Gina M. Herron</b>			Date of Disbursement MM / DD / YYYY 04 / 14 / 2016	
Mailing Address 3135 Grand Avenue, #106			Amount of Each Disbursement this Period 86.01	
City Pinellas Park	State FL	Zip Code 33782	Memo Item <input type="checkbox"/>	
Purpose of Disbursement flowers/office supplies		Category/ Type	Transaction ID : D581-00kc01	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6294.34
<b>TOTAL</b> 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 106 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gina M. Herron</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016	
Mailing Address 3135 Grand Avenue, #106			Amount of Each Disbursement this Period 1750.00	
City Pinellas Park	State FL	Zip Code 33782	Memo Item <input type="checkbox"/>	
Purpose of Disbursement salary		Candidate Name	Transaction ID : <b>D582-00kc0J</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Gina M. Herron</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016	
Mailing Address 3135 Grand Avenue, #106			Amount of Each Disbursement this Period 119.79	
City Pinellas Park	State FL	Zip Code 33782	Memo Item <input type="checkbox"/>	
Purpose of Disbursement donor gift		Candidate Name	Transaction ID : <b>D583-00kc0K</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Gina M. Herron</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 3135 Grand Avenue, #106			Amount of Each Disbursement this Period 1750.00	
City Pinellas Park	State FL	Zip Code 33782	Memo Item <input type="checkbox"/>	
Purpose of Disbursement salary		Candidate Name	Transaction ID : <b>D584-00kc0L</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3619.79
<b>TOTAL</b> 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 107 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gina M. Herron</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2016</b>
Mailing Address 3135 Grand Avenue, #106		Amount of Each Disbursement this Period <b>1750.00</b>
City Pinellas Park State FL Zip Code 33782	Purpose of Disbursement salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D585-00kc0M</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gina M. Herron</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2016</b>
Mailing Address 3135 Grand Avenue, #106		Amount of Each Disbursement this Period <b>1750.00</b>
City Pinellas Park State FL Zip Code 33782	Purpose of Disbursement salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D586-00kc0N</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gina M. Herron</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2016</b>
Mailing Address 3135 Grand Avenue, #106		Amount of Each Disbursement this Period <b>1750.00</b>
City Pinellas Park State FL Zip Code 33782	Purpose of Disbursement salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D587-00kc0O</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5250.00</b>
<b>TOTAL</b> 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 108 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Island Way Grill, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2016</b>
Mailing Address <b>20 Island Way</b>		Amount of Each Disbursement this Period <b>3181.32</b>
City <b>Clearwater</b>	State <b>FL</b>	
Zip Code <b>33767</b>	Purpose of Disbursement <b>fundraising event</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D599-00tZ01</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. David Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 14 / 2016</b>
Mailing Address <b>P. O. Box 1158</b>		Amount of Each Disbursement this Period <b>5004.62</b>
City <b>Indian Rocks Beach</b>	State <b>FL</b>	
Zip Code <b>33785</b>	Purpose of Disbursement <b>see memo entries</b>	<input type="checkbox"/> Memo Item
Candidate Name <b>David Jolly</b>	Category/Type	<b>Transaction ID : D617-00010M</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>FL</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 10 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>40.10</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement <b>transportation</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D1-00fY0P</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Memo</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8185.94</b>
<b>TOTAL</b> 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 109 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016	
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 161.10	
City Fort Worth	State TX	Zip Code 76155	<input type="checkbox"/> Memo Item <b>Transaction ID : D2-00fY0Q</b> Memo	
Purpose of Disbursement transportation		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016	
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 639.46	
City Fort Worth	State TX	Zip Code 76155	<input type="checkbox"/> Memo Item <b>Transaction ID : D3-00fY0R</b> Memo	
Purpose of Disbursement transportation		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016	
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 639.46	
City Fort Worth	State TX	Zip Code 76155	<input type="checkbox"/> Memo Item <b>Transaction ID : D4-00fY0S</b> Memo	
Purpose of Disbursement transportation		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 110 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>539.46</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D5-00fY0T</b>
State: District:		Memo

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 11 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>133.10</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D6-00fY0U</b>
State: District:		Memo

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>93.10</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D7-00fY0V</b>
State: District:		Memo

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 111 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2016</b>		
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period <b>273.10</b>		
City Fort Worth	State TX	Zip Code 76155	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Transaction ID : <b>D8-00fY0W</b>			Memo		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2016</b>		
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period <b>139.10</b>		
City Fort Worth	State TX	Zip Code 76155	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Transaction ID : <b>D9-00fY0X</b>			Memo		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2016</b>		
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period <b>96.10</b>		
City Fort Worth	State TX	Zip Code 76155	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Transaction ID : <b>D10-00fY0Y</b>			Memo		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 112 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>106.10</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D11-00fY0Z</b>
State: District:		Memo

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>114.10</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D12-00fY0a</b>
State: District:		Memo

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>
Mailing Address <b>4333 Amon Center Blvd.</b>		Amount of Each Disbursement this Period <b>168.10</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D13-00fY0b</b>
State: District:		Memo

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 113 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>	
Mailing Address <b>4333 Amon Center Blvd.</b>			Amount of Each Disbursement this Period <b>30.24</b>	
City <b>Fort Worth</b>	State <b>TX</b>	Zip Code <b>76155</b>	Category/ Type	
Purpose of Disbursement transportation				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>D14-00fY0c</b>	
State: District:			Memo	

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 19 / 2016</b>	
Mailing Address <b>1030 Delta Blvd.</b>			Amount of Each Disbursement this Period <b>305.10</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30354</b>	Category/ Type	
Purpose of Disbursement transportation				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>D15-00Wy0G</b>	
State: District:			Memo	

Full Name (Last, First, Middle Initial) <b>C. Delta Air Lines, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 19 / 2016</b>	
Mailing Address <b>1030 Delta Blvd.</b>			Amount of Each Disbursement this Period <b>305.10</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30354</b>	Category/ Type	
Purpose of Disbursement transportation				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>D16-00Wy0H</b>	
State: District:			Memo	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 114 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 1030 Delta Blvd.			Amount of Each Disbursement this Period 58.00
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement transportation	Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		<b>Transaction ID : D17-00Wy01</b> Memo

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 1030 Delta Blvd.			Amount of Each Disbursement this Period 265.10
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement transportation	Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		<b>Transaction ID : D18-00Wy0J</b> Memo

Full Name (Last, First, Middle Initial) <b>C. Delta Air Lines, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 1030 Delta Blvd.			Amount of Each Disbursement this Period 305.10
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement transportation	Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		<b>Transaction ID : D19-00Wy0K</b> Memo

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 115 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 29.00
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D20-00Wy0L</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 29.00
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D21-00Wy0M</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 455.60
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D22-00Wy0N</b> Memo
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period <b>15.00</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D23-00Wy00</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 05 / 2016</b>
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period <b>65.00</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D24-00Wy0P</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Laura Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2016</b>
Mailing Address P. O. Box 1158		Amount of Each Disbursement this Period <b>489.95</b>
City Indian Rocks Beach State FL Zip Code 33785	Purpose of Disbursement see memo entries	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D619-00oW02</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>489.95</b>
<b>TOTAL</b> 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 117 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Cassis American Brasserie</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 27 / 2016</b>	
Mailing Address 170 Beach Drive, N.E.			Amount of Each Disbursement this Period <b>76.74</b>	
City St. Petersburg	State FL	Zip Code 33701	Category/ Type	
Purpose of Disbursement food & beverage				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D1-00Xm04</b>	
State: District:			Memo	

Full Name (Last, First, Middle Initial) <b>B. Crabby Bill's</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>	
Mailing Address 401 Gulf Blvd.			Amount of Each Disbursement this Period <b>148.31</b>	
City Indian Rocks Beach	State FL	Zip Code 33785	Category/ Type	
Purpose of Disbursement food & beverage				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D2-00Pu06</b>	
State: District:			Memo	

Full Name (Last, First, Middle Initial) <b>c. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>	
Mailing Address 970 Lake Carillon Drive, #500			Amount of Each Disbursement this Period <b>751.32</b>	
City St. Petersburg	State FL	Zip Code 33716	Category/ Type	
Purpose of Disbursement payroll taxes				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : D735-00fi0h</b>	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>751.32</b>
<b>TOTAL</b> 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 118 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Paychex of New York, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>970 Lake Carillon Drive, #500</b>		Amount of Each Disbursement this Period <b>89.15</b>
City <b>St. Petersburg</b>	State <b>FL</b>	
Zip Code <b>33716</b>	Purpose of Disbursement <b>payroll administration</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D736-00fi0i</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex of New York, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>970 Lake Carillon Drive, #500</b>		Amount of Each Disbursement this Period <b>36.70</b>
City <b>St. Petersburg</b>	State <b>FL</b>	
Zip Code <b>33716</b>	Purpose of Disbursement <b>insurance</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D737-00fi0j</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex of New York, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>
Mailing Address <b>970 Lake Carillon Drive, #500</b>		Amount of Each Disbursement this Period <b>22.96</b>
City <b>St. Petersburg</b>	State <b>FL</b>	
Zip Code <b>33716</b>	Purpose of Disbursement <b>insurance</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D738-00fi0k</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>148.81</b>
<b>TOTAL</b> 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 119 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>	
Mailing Address <b>970 Lake Carillon Drive, #500</b>			Amount of Each Disbursement this Period <b>532.32</b>	
City <b>St. Petersburg</b>	State <b>FL</b>	Zip Code <b>33716</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>payroll taxes</b>		Category/Type	<b>Transaction ID : D739-00fi0I</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>	
Mailing Address <b>970 Lake Carillon Drive, #500</b>			Amount of Each Disbursement this Period <b>79.20</b>	
City <b>St. Petersburg</b>	State <b>FL</b>	Zip Code <b>33716</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>payroll administration</b>		Category/Type	<b>Transaction ID : D740-00fi0m</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>	
Mailing Address <b>970 Lake Carillon Drive, #500</b>			Amount of Each Disbursement this Period <b>32.53</b>	
City <b>St. Petersburg</b>	State <b>FL</b>	Zip Code <b>33716</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>insurance</b>		Category/Type	<b>Transaction ID : D741-00fi0n</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>644.05</b>
<b>TOTAL</b> 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 120 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 970 Lake Carillon Drive, #500			Amount of Each Disbursement this Period 751.27	
City St. Petersburg	State FL	Zip Code 33716	Memo Item <input type="checkbox"/>	
Purpose of Disbursement payroll taxes		Category/ Type		
Candidate Name		Transaction ID : D742-00fi0o		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 970 Lake Carillon Drive, #500			Amount of Each Disbursement this Period 82.40	
City St. Petersburg	State FL	Zip Code 33716	Memo Item <input type="checkbox"/>	
Purpose of Disbursement payroll administration		Category/ Type		
Candidate Name		Transaction ID : D743-00fi0p		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 970 Lake Carillon Drive, #500			Amount of Each Disbursement this Period 28.93	
City St. Petersburg	State FL	Zip Code 33716	Memo Item <input type="checkbox"/>	
Purpose of Disbursement insurance		Category/ Type		
Candidate Name		Transaction ID : D744-00fi0q		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	862.60
<b>TOTAL</b> 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 121 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2016</b>	
Mailing Address <b>970 Lake Carillon Drive, #500</b>			Amount of Each Disbursement this Period <b>605.30</b>	
City <b>St. Petersburg</b>	State <b>FL</b>	Zip Code <b>33716</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>payroll taxes</b>		Category/ Type	<b>Transaction ID : D745-00fi0r</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2016</b>	
Mailing Address <b>970 Lake Carillon Drive, #500</b>			Amount of Each Disbursement this Period <b>82.40</b>	
City <b>St. Petersburg</b>	State <b>FL</b>	Zip Code <b>33716</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>payroll administration</b>		Category/ Type	<b>Transaction ID : D746-00fi0s</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex of New York, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2016</b>	
Mailing Address <b>970 Lake Carillon Drive, #500</b>			Amount of Each Disbursement this Period <b>33.10</b>	
City <b>St. Petersburg</b>	State <b>FL</b>	Zip Code <b>33716</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>insurance</b>		Category/ Type	<b>Transaction ID : D747-00fi0t</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>720.80</b>
<b>TOTAL</b> 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 122 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Paychex of New York, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2016</b>
Mailing Address <b>970 Lake Carillon Drive, #500</b>		Amount of Each Disbursement this Period <b>605.30</b>
City <b>St. Petersburg</b>	State <b>FL</b>	
Zip Code <b>33716</b>	Purpose of Disbursement <b>payroll taxes</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D748-00fi0u</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex of New York, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2016</b>
Mailing Address <b>970 Lake Carillon Drive, #500</b>		Amount of Each Disbursement this Period <b>82.40</b>
City <b>St. Petersburg</b>	State <b>FL</b>	
Zip Code <b>33716</b>	Purpose of Disbursement <b>payroll administration</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D749-00fi0v</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex of New York, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2016</b>
Mailing Address <b>970 Lake Carillon Drive, #500</b>		Amount of Each Disbursement this Period <b>24.76</b>
City <b>St. Petersburg</b>	State <b>FL</b>	
Zip Code <b>33716</b>	Purpose of Disbursement <b>insurance</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D750-00fi0w</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>712.46</b>
<b>TOTAL</b> 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 123 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Paychex of New York, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 970 Lake Carillon Drive, #500		Amount of Each Disbursement this Period 605.30
City St. Petersburg	State FL	
Zip Code 33716	Purpose of Disbursement payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D751-00fi0x</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex of New York, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 970 Lake Carillon Drive, #500		Amount of Each Disbursement this Period 82.40
City St. Petersburg	State FL	
Zip Code 33716	Purpose of Disbursement payroll administration	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D752-00fi0y</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Poli Solutions Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 9800 4th Street, N., #200		Amount of Each Disbursement this Period 10000.00
City St. Petersburg	State FL	
Zip Code 33702	Purpose of Disbursement campaign consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D792-004S0o</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10687.70
<b>TOTAL</b> 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 124 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Poli Solutions Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2016</b>
Mailing Address <b>9800 4th Street, N., #200</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>St. Petersburg</b> State <b>FL</b> Zip Code <b>33702</b>	Purpose of Disbursement <b>campaign consulting</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D793-004S0p</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Poli Solutions Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2016</b>
Mailing Address <b>9800 4th Street, N., #200</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>St. Petersburg</b> State <b>FL</b> Zip Code <b>33702</b>	Purpose of Disbursement <b>campaign consulting</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D794-004S0q</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Prosequence, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2016</b>
Mailing Address <b>P. O. Box 10666</b>		Amount of Each Disbursement this Period <b>7500.00</b>
City <b>Tallahassee</b> State <b>FL</b> Zip Code <b>32302</b>	Purpose of Disbursement <b>pol. strategy consulting</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D810-005V0l</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>27500.00</b>
<b>TOTAL</b> 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 125 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Prosequence, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2016</b>
Mailing Address <b>P. O. Box 10666</b>		Amount of Each Disbursement this Period <b>7500.00</b>
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32302</b>
Purpose of Disbursement <b>pol. strategy consulting</b>	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	<b>Transaction ID : D811-005V0J</b>	

Full Name (Last, First, Middle Initial) <b>B. Prosequence, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2016</b>
Mailing Address <b>P. O. Box 10666</b>		Amount of Each Disbursement this Period <b>7500.00</b>
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32302</b>
Purpose of Disbursement <b>pol. strategy consulting</b>	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	<b>Transaction ID : D812-005V0K</b>	

Full Name (Last, First, Middle Initial) <b>c. Pulpo Creative, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>
Mailing Address <b>3805 Lithia Ridge Blvd.</b>		Amount of Each Disbursement this Period <b>600.00</b>
City <b>Valrico</b>	State <b>FL</b>	Zip Code <b>33596</b>
Purpose of Disbursement <b>campaign poster</b>	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	<b>Transaction ID : D814-00rI01</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15600.00</b>
<b>TOTAL</b> 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 126 OF 165	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Pulpo Creative, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 3805 Lithia Ridge Blvd.		Amount of Each Disbursement this Period 8000.00
City Valrico State FL Zip Code 33596	Purpose of Disbursement advertising	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D815-00r102</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 204 4th Avenue		Amount of Each Disbursement this Period 102.00
City Indian Rocks Beach State FL Zip Code 33785	Purpose of Disbursement p.o. box renewal	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D932-006m0D</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 397.49
City Dallas State TX Zip Code 75266	Purpose of Disbursement telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1184-00XH0H</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8499.49
<b>TOTAL</b> 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 127 OF 165	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>
Mailing Address <b>P. O. Box 660108</b>		Amount of Each Disbursement this Period <b>166.34</b>
City <b>Dallas</b> State <b>TX</b> Zip Code <b>75266</b>	Purpose of Disbursement <b>telephone</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1185-00XH01</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 14 / 2016</b>
Mailing Address <b>P. O. Box 660108</b>		Amount of Each Disbursement this Period <b>191.39</b>
City <b>Dallas</b> State <b>TX</b> Zip Code <b>75266</b>	Purpose of Disbursement <b>telephone</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1186-00XH0J</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Victory Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>
Mailing Address <b>1220 Hillshire Road</b>		Amount of Each Disbursement this Period <b>8500.00</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21222</b>	Purpose of Disbursement <b>media production</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1193-006F0F</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8857.73</b>
<b>TOTAL</b> 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 128 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. The Victory Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>
Mailing Address <b>1220 Hillshire Road</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21222</b>	Purpose of Disbursement <b>media production</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1194-006F0G</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>
Mailing Address <b>P. O. Box 30131</b>		Amount of Each Disbursement this Period <b>1619.62</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33630</b>	Purpose of Disbursement <b>see memo entries</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1235-00Tm0h</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Big Frog Custom T-Shirts &amp; More</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address <b>3800 Tampa Road, #120</b>		Amount of Each Disbursement this Period <b>1077.33</b>
City <b>Oldsmar</b> State <b>FL</b> Zip Code <b>34677</b>	Purpose of Disbursement <b>campaign t-shirts</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1-00pg02</b> Credit Card Item
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3619.62</b>
<b>TOTAL</b> 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 129 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Big Frog Custom T-Shirts &amp; More</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>3800 Tampa Road, #120</b>		Amount of Each Disbursement this Period <b>417.30</b>
City <b>Oldsmar</b> State <b>FL</b> Zip Code <b>34677</b>	Purpose of Disbursement <b>campaign t-shirts</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D2-00pg03</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2016</b>
Mailing Address <b>P. O. Box 30131</b>		Amount of Each Disbursement this Period <b>2917.88</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33630</b>	Purpose of Disbursement <b>see memo entries</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1236-00Tm0i</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ampco System Parking</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2016</b>
Mailing Address <b>5503 W. Spruce Street</b>		Amount of Each Disbursement this Period <b>44.00</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33607</b>	Purpose of Disbursement <b>parking</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1-00Zi06</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2917.88</b>
<b>TOTAL</b> 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 130 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 19.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D2-00Wy0Q</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 19.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D3-00Wy0R</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>C. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 19.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D4-00Wy0S</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 131 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2016</b>
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period <b>19.00</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D5-00Wy0T</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2016</b>
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period <b>260.20</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D6-00Wy0U</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2016</b>
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period <b>260.20</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D7-00Wy0V</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 132 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2016</b>
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period <b>18.35</b>
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D8-00cF11</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period <b>13.95</b>
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D9-00cF12</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matchbox</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>
Mailing Address 713 H Street, N.W.		Amount of Each Disbursement this Period <b>209.50</b>
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement food & beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D11-00rR01</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 133 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Sheraton Pentagon City</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2016
Mailing Address 900 S. Orme Street		Amount of Each Disbursement this Period 811.34
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D12-00mz06</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 400 First Street, S.E.		Amount of Each Disbursement this Period 303.06
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement food & beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D13-00Wh06</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 26.38
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D14-00QT2N</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 134 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 25.25		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D15-00QT20</b> Credit Card Item		
Purpose of Disbursement transportation	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 27.55		
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D16-00QT2P</b> Credit Card Item		
Purpose of Disbursement transportation	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 28.89		
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D17-00QT2Q</b> Credit Card Item		
Purpose of Disbursement transportation	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

**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 135 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 28.03
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D18-00QT2R</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 25.25
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D19-00QT2S</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>C. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 25.63
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D20-00QT2T</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 136 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 23 / 2016</b>
Mailing Address <b>405 Howard Street</b>		Amount of Each Disbursement this Period <b>27.81</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D21-00QT2U</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 23 / 2016</b>
Mailing Address <b>405 Howard Street</b>		Amount of Each Disbursement this Period <b>24.31</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D22-00QT2V</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 23 / 2016</b>
Mailing Address <b>405 Howard Street</b>		Amount of Each Disbursement this Period <b>15.00</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement transportation	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D23-00QT2W</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 137 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 28.93
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D24-00QT2X</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 15.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D25-00QT2Y</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 27.84
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D26-00QT2Z</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 138 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>405 Howard Street</b>		Amount of Each Disbursement this Period <b>15.15</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement transportation	
Candidate Name		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D27-00QT2a</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. U.S. House of Representatives Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 28 / 2016</b>
Mailing Address <b>B-217 Longworth Building</b>		Amount of Each Disbursement this Period <b>478.50</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20515</b>	Purpose of Disbursement gifts	
Candidate Name		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D28-00XC0D</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>
Mailing Address <b>P. O. Box 30131</b>		Amount of Each Disbursement this Period <b>2921.20</b>
City <b>Tampa</b> State <b>FL</b> Zip Code <b>33630</b>	Purpose of Disbursement see memo entries	
Candidate Name		<input type="checkbox"/> Memo Item <b>Transaction ID : D1237-00Tm0j</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2921.20</b>
<b>TOTAL</b> 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 139 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016		
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 75.00		
City Fort Worth	State TX	Zip Code 76155	<input type="checkbox"/> Memo Item <b>Transaction ID : D1-00fY0d</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016		
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 114.10		
City Fort Worth	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D2-00fY0e</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016		
Mailing Address 4333 Amon Center Blvd.			Amount of Each Disbursement this Period 114.10		
City Fort Worth	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D3-00fY0f</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 140 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial)  
**A. Sixth Engine**

Mailing Address 438 Massachusetts Avenue, N.W.

City Washington State DC Zip Code 20001

Purpose of Disbursement food & beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 23 / 2016

Amount of Each Disbursement this Period: 2600.00

Memo Item

Transaction ID : D5-00tG01  
Credit Card Item

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

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement see memo entries

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 26 / 2016

Amount of Each Disbursement this Period: 495.62

Memo Item

Transaction ID : D1238-00Tm0k

Full Name (Last, First, Middle Initial)  
**c. Bar Louie**

Mailing Address 4100 N. Alafaya Trail

City Orlando State FL Zip Code 32817

Purpose of Disbursement food & beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 25 / 2016

Amount of Each Disbursement this Period: 203.15

Memo Item

Transaction ID : D1-00tK01  
Credit Card Item

**SUBTOTAL** of Disbursements This Page (optional) ..... 495.62

**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 141 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Doubletree by Hilton Orlando East</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 12125 High Tech Avenue			Amount of Each Disbursement this Period 167.63	
City Orlando	State FL	Zip Code 32817	Category/ Type	
Purpose of Disbursement lodging				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D2-00tL01 Credit Card Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GoDaddy.com</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016	
Mailing Address 14455 N. Hayden Road, #219			Amount of Each Disbursement this Period 71.88	
City Scottsdale	State AZ	Zip Code 85260	Category/ Type	
Purpose of Disbursement email services				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D3-007R08 Credit Card Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016	
Mailing Address 204 4th Avenue			Amount of Each Disbursement this Period 18.30	
City Indian Rocks Beach	State FL	Zip Code 33785	Category/ Type	
Purpose of Disbursement postage				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D5-006m0E Credit Card Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 142 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1036.08
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D1239-00Tm0I</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 4333 Amon Center Blvd.		Amount of Each Disbursement this Period 458.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D1-00fY0j</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 4333 Amon Center Blvd.		Amount of Each Disbursement this Period 25.00
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : D2-00fY0k</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1036.08
<b>TOTAL</b> 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 143 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Bascom's Chop House</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 3665 Ulmerton Road			Amount of Each Disbursement this Period 100.87	
City Clearwater	State FL	Zip Code 33762	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D4-005M0A</b> Credit Card Item	
Purpose of Disbursement food & beverage		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Bullfeathers</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016	
Mailing Address 410 First Street, S.E.			Amount of Each Disbursement this Period 116.40	
City Washington	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D6-00mC03</b> Credit Card Item	
Purpose of Disbursement food & beverage		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Charlie Palmer Steak House</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 101 Constitution Avenue, N.W.			Amount of Each Disbursement this Period 52.06	
City Washington	State DC	Zip Code 20001	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D7-00Yd03</b> Credit Card Item	
Purpose of Disbursement food & beverage		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

**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 144 OF 165	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 5030.45
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D1240-00Tm0m</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADT Security Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 3830 Calle Fortunada		Amount of Each Disbursement this Period 64.19
City San Diego	State CA	
Zip Code 92123	Purpose of Disbursement security	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D2-00eK0E</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ADT Security Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2016
Mailing Address 3830 Calle Fortunada		Amount of Each Disbursement this Period 64.19
City San Diego	State CA	
Zip Code 92123	Purpose of Disbursement security	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : D3-00eK0F</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5030.45
<b>TOTAL</b> 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 145 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Alta Strada</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 475 K Street, N.W.		Amount of Each Disbursement this Period 230.40
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement food & beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D4-00tQ01</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 4333 Amon Center Blvd.		Amount of Each Disbursement this Period 139.10
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D5-00fY01</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 4333 Amon Center Blvd.		Amount of Each Disbursement this Period 139.10
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D6-00fY0m</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 146 OF 165	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 4333 Amon Center Blvd.		Amount of Each Disbursement this Period 279.10
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D7-00fY0n</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 4333 Amon Center Blvd.		Amount of Each Disbursement this Period 159.10
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D8-00fY0o</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bascom's Chop House</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 3665 Ulmerton Road		Amount of Each Disbursement this Period 627.12
City Clearwater	State FL	
Zip Code 33762	Purpose of Disbursement food & beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D9-005M0B</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 147 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Bascom's Chop House</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 3665 Ulmerton Road		Amount of Each Disbursement this Period 99.02
City Clearwater	State FL Zip Code 33762	
Purpose of Disbursement food & beverage		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D10-005M0C</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CapitolHost</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address Rayburn House Office Bldg., #B-339		Amount of Each Disbursement this Period 131.70
City Washington	State DC Zip Code 20515	
Purpose of Disbursement food & beverage		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D11-001a07</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Air Lines, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period -520.40
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement refund-transportation		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D13-00Wy0W</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 148 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Doubletree by Hilton Orlando East</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>	
Mailing Address 12125 High Tech Avenue			Amount of Each Disbursement this Period <b>167.63</b>	
City Orlando	State FL	Zip Code 32817	Category/Type <input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement lodging			Transaction ID : <b>D14-00tL02</b>	
Candidate Name			Credit Card Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Gogo, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2016</b>	
Mailing Address 1250 N. Arlington Heights Road			Amount of Each Disbursement this Period <b>12.95</b>	
City Itasca	State IL	Zip Code 60143	Category/Type <input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement internet access			Transaction ID : <b>D15-00cF14</b>	
Candidate Name			Credit Card Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Gogo, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2016</b>	
Mailing Address 1250 N. Arlington Heights Road			Amount of Each Disbursement this Period <b>12.95</b>	
City Itasca	State IL	Zip Code 60143	Category/Type <input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement internet access			Transaction ID : <b>D16-00cF15</b>	
Candidate Name			Credit Card Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 149 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period 3.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D17-00cF16</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period 12.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D18-00cF17</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2016
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period 8.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D19-00cF18</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 150 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 04 / 2016</b>
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period <b>8.95</b>
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D20-00cF19</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2016</b>
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period <b>12.95</b>
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D21-00cF1A</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period <b>12.95</b>
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D22-00cF1B</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 151 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Gogo, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 1250 N. Arlington Heights Road		Amount of Each Disbursement this Period 17.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement internet access	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D23-00cF1C</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lupa Osteria Romana</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 170 Thompson Street		Amount of Each Disbursement this Period 286.74
City New York	State NY	
Zip Code 10012	Purpose of Disbursement food & beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D25-00t01</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 23.49
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D29-00QT2k</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 152 OF 165			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 23.14
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D30-00QT21</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 15.15
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D31-00QT2m</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 22.72
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D32-00QT2n</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 153 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 103.47
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D33-00QT2o</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 42.57
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D34-00QT2p</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 87.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D35-00QT2q</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 154 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:	Transaction ID : D36-00QT2r Credit Card Item				

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:	Transaction ID : D37-00QT2s Credit Card Item				

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	Category/ Type		
Purpose of Disbursement transportation					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:	Transaction ID : D38-00QT2t Credit Card Item				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 155 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 15.15
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D39-00QT2u</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 22.86
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D40-00QT2v</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 25.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D41-00QT2w</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 156 OF 165			
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 46.67	
City San Francisco	State CA	Zip Code 94105	Category/ Type	
Purpose of Disbursement transportation				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D42-00QT2x Credit Card Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 46.60	
City San Francisco	State CA	Zip Code 94105	Category/ Type	
Purpose of Disbursement transportation				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D43-00QT2y Credit Card Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 31.59	
City San Francisco	State CA	Zip Code 94105	Category/ Type	
Purpose of Disbursement transportation				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D44-00QT2z Credit Card Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 157 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 21.88	
City San Francisco	State CA	Zip Code 94105	Category/Type <input type="checkbox"/> Memo Item	
Purpose of Disbursement transportation		Candidate Name	Transaction ID : <b>D45-00QT30</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Credit Card Item		

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 28.36	
City San Francisco	State CA	Zip Code 94105	Category/Type <input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement transportation		Candidate Name	Transaction ID : <b>D46-00QT31</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Credit Card Item		

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 17.85	
City San Francisco	State CA	Zip Code 94105	Category/Type <input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement transportation		Candidate Name	Transaction ID : <b>D47-00QT32</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Credit Card Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 158 OF 165			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 31.66		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D48-00QT33</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 31.34		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D49-00QT34</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. UBER Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016		
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item <b>Transaction ID : D50-00QT35</b> Credit Card Item		
Purpose of Disbursement transportation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 159 OF 165	
	<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)  
**Friends of David Jolly**

**A. Westin Crystal City**

Full Name (Last, First, Middle Initial)  
Mailing Address 1800 Jefferson Davis Highway

City: Arlington State: VA Zip Code: 22202

Purpose of Disbursement: travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 13 / 2016

Amount of Each Disbursement this Period: 10.00

Memo Item

**Transaction ID : D51-00n003**  
Credit Card Item

**B. Westin Crystal City**

Full Name (Last, First, Middle Initial)  
Mailing Address 1800 Jefferson Davis Highway

City: Arlington State: VA Zip Code: 22202

Purpose of Disbursement: lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2016

Amount of Each Disbursement this Period: 1386.51

Memo Item

**Transaction ID : D52-00n004**  
Credit Card Item

**C. The Westin New York at Times Square**

Full Name (Last, First, Middle Initial)  
Mailing Address 270 W. 43rd Street

City: New York State: NY Zip Code: 10036

Purpose of Disbursement: lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 26 / 2016

Amount of Each Disbursement this Period: 251.80

Memo Item

**Transaction ID : D53-00fg07**  
Credit Card Item

**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 160 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. The Westin New York at Times Square</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 270 W. 43rd Street			Amount of Each Disbursement this Period 442.35	
City New York	State NY	Zip Code 10036	Category/ Type	
Purpose of Disbursement lodging				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D54-00fg08 Credit Card Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016	
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 3000.00	
City Tampa	State FL	Zip Code 33606	Category/ Type	
Purpose of Disbursement accounting services				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D1268-00lc0Q	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Robert Watkins &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 5786.83	
City Tampa	State FL	Zip Code 33606	Category/ Type	
Purpose of Disbursement accounting services				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D1269-00lc0R	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8786.83
<b>TOTAL</b> 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 161 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 3000.00
City Tampa	State FL Zip Code 33606	
Purpose of Disbursement accounting services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D1270-00lc0S</b>

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 3000.00
City Tampa	State FL Zip Code 33606	
Purpose of Disbursement accounting services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D1271-00lc0T</b>

Full Name (Last, First, Middle Initial) <b>c. eDonations.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 3874.33
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement online fundraising	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : D1316-004j0Z</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9874.33
<b>TOTAL</b> 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 162 OF 165	
	<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)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. eDonations.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 03 / 2016</b>
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period <b>594.13</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement online fundraising	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1317-004j0a</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. eDonations.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2016</b>
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period <b>737.60</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement online fundraising	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D1318-004j0b</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1331.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>333708.70</b>

**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 163 OF 165			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. Edwin L. Dottery</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2016		
Mailing Address 4168 Capitol Drive			Amount of Each Disbursement this Period 700.00		
City Palm Harbor	State FL	Zip Code 34685	<input type="checkbox"/> Memo Item <b>Transaction ID : D382-000Z01</b>		
Purpose of Disbursement contribution refund		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Craig Duncan</b>			Date of Disbursement MM / DD / YYYY 05 / 06 / 2016		
Mailing Address 3428 Aspen Trail			Amount of Each Disbursement this Period 500.00		
City Clearwater	State FL	Zip Code 33761	<input type="checkbox"/> Memo Item <b>Transaction ID : D387-00nx01</b>		
Purpose of Disbursement contribution refund		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Kathryn Lehman</b>			Date of Disbursement MM / DD / YYYY 06 / 23 / 2016		
Mailing Address 3106 Russell Road			Amount of Each Disbursement this Period 500.00		
City Alexandria	State VA	Zip Code 22305	<input type="checkbox"/> Memo Item <b>Transaction ID : D631-00r001</b>		
Purpose of Disbursement contribution refund		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1700.00
<b>TOTAL</b> 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 164 OF 165			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Friends of David Jolly**

Full Name (Last, First, Middle Initial) <b>A. James MacDougald</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016		
Mailing Address 400 Beach Drive, #2806			Amount of Each Disbursement this Period 2700.00		
City St. Petersburg	State FL	Zip Code 33701			
Purpose of Disbursement contribution refund		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D642-002S01		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			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	Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) <b>C.</b>			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	Memo Item <input type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	4400.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Friends of David Jolly**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Connect Strategic Communications**

Mailing Address P. O. Box 141251

City State Zip Code  
 Dallas TX 75214

Nature of Debt (Purpose):  
 digital strategy/ads

Outstanding Balance Beginning This Period	<b>Transaction ID : 46</b>	
12407.54		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	12407.54	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**David Jolly**

Mailing Address P. O. Box 1158

City State Zip Code  
 Indian Rocks Beach FL 33785

Nature of Debt (Purpose):  
 unreimbursed expenses

Outstanding Balance Beginning This Period	<b>Transaction ID : 47</b>	
5004.62		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	5004.62	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	