

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
BARRINGER FOR CONGRESS

ADDRESS (number and street) 1331 SAXON DR
#106
 Check if different than previously reported. (ACC) NEW SMYRNA BEACH FL 32169

2. **FEC IDENTIFICATION NUMBER** C C00578971 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 06

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 / 2015 through 06 / 30 / 2015

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 MELODIE JOHNSON

Signature of Treasurer MELODIE JOHNSON [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 15 / 2015

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

Write or Type Committee Name
BARRINGER FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	126142.61	126142.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	126142.61	126142.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1455.39	1455.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1455.39	1455.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	124687.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BARRINGER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	122400.00	122400.00
(ii) Unitemized.....	3416.00	3416.00
(iii) TOTAL of contributions from individuals ▶	125816.00	125816.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	326.61	326.61
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	126142.61	126142.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	126142.61	126142.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1455.39	1455.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1455.39	1455.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	126142.61
25. SUBTOTAL (add Line 23 and Line 24).....	126142.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1455.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	124687.22

**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 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHARON M. ADAMS

Mailing Address P.O. BOX 2313

City State Zip Code
NEW SMYRNA BEACH FL 32170

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

Name of Employer Occupation
SELF-EMPLOYED PUBLIC RELATIONS

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
 06 / 15 / 2015

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 703 FAIRWAY DRIVE

City State Zip Code
NEW SMYRNA BEACH FL 32168

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2015

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

Mailing Address 703 FAIRWAY DRIVE

City State Zip Code
NEW SMYRNA BEACH FL 32168

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2015

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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: (check only one)	PAGE 6 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH BENEDICT III

Mailing Address 695 AIRPORT RD.

City State Zip Code
NEW SMYRNA BEACH FL 32168

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 / 16 / 2015

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRIS L. BIEDENBACH

Mailing Address 401 N. ATLANTIC AVE., APT. 306

City State Zip Code
NEW SMYRNA FL 32169

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 / 19 / 2015

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRANDON S. BIZAR

Mailing Address 1602 THE OAKS DR.

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
PREFERRED GUEST RESORTS LLC 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
06 / 15 / 2015

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

4700.00

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

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

FOR LINE NUMBER: PAGE 7 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARTHUR BOTTING

Mailing Address 234 RIVERSIDE DR

City State Zip Code
EDGWATER FL 32132

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

Name of Employer Occupation
LA PIEDRA PROPERTIES LLC REAL ESTATE INVESTOR

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 / 15 / 2015

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER P. BOTTING

Mailing Address 814 EAST 23RD. AVE.

City State Zip Code
NEW SMYRNA FL 32169

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

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 / 15 / 2015

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARRY A. BRANDT

Mailing Address 4711 VAN KLEECK DR.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 8 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

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

Mailing Address 4613 VAN KLEECK DR.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCOTT H. BRANDT

Mailing Address 4613 VAN KLEECK DR.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
BRANDT EQUITIES 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
 06 / 30 / 2015

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHARON J. BRANDT

Mailing Address 4711 VAN KLEECK DR.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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: (check only one)	PAGE 9 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL L. BREWER

Mailing Address 500 CANAL ST.

City State Zip Code
NEW SMYRNA BEACH FL 32168

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANN DALTON BROWN

Mailing Address 890 BULLHEAD AVENUE

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
VOLUSIA COUNTY TEACHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 890 BULLHEAD AVENUE

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
TRIAD ISOTOPES PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 10 OF 51
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. J. HYATT BROWN

Mailing Address 213 RIVERSIDE DR.

City State Zip Code
ORMOND BEACH FL 32176

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

Name of Employer Occupation
BROWN & BROWN INSURANCE CHAIRMAN

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 / 30 / 2015

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS J. HYATT BROWN

Mailing Address 213 RIVERSIDE DR.

City State Zip Code
ORMOND BEACH FL 32176

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
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

Mailing Address 309 JESSAMINE AVENUE

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
BLUE RIBBON POOLS BUSINESS 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 / 15 / 2015

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

5650.00

**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 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMIE B. CALKINS

Mailing Address 900 MAGNOLIA ST.

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Name of Employer Occupation
MERRILL LYNCH FINANCIAL SERVICES

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
 06 / 16 / 2015

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 26 RICHMOND DRIVE

City State Zip Code
NEW SMYRNA FL 32169

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 2708 OLD POLK CITY RD.

City State Zip Code
LAKELAND FL 33809

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

Name of Employer Occupation
LAKELAND REGIONAL MEDICAL CNTR NURSE

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
 06 / 15 / 2015

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 12 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CMG MANAGEMENT GROUP LLC

Mailing Address 627 YUPON AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

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 / 15 / 2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HAROLD L. COLE JR

Mailing Address 13905 PAGEHURST TER.

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
OCEAN PROPERTIES REALTOR

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 / 15 / 2015

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLORADO REAL ESTATE

Mailing Address 402 FLAGLER AVE

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

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 / 2015

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

1300.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4114

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule: SA11AI

Transaction ID: SA11AI.4299

PARTNERSHIP ATTRIBUTION REQUESTED

**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 14 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES BUDDY DAVENPORT

Mailing Address 1305 STATE ROAD 44

City State Zip Code
NEW SYMRNA BEACH FL 32168

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE

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 / 29 / 2015

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OSCAR DEL RIO

Mailing Address 3601 DOUGLAS PLACE

City State Zip Code
PALM HARBOR FL 34683

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

Name of Employer Occupation
EMCARE PHYSICIAN

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 / 11 / 2015

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period
 750.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TYLER SCOTT DENSON

Mailing Address 426 QUAY ASSISI

City State Zip Code
NEW SMYRNA BEACH FL 32169

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 / 15 / 2015

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS E. DESIMONE JR

Mailing Address 226 FAIRGREEN AVE.

City State Zip Code
NEW SYMRNA BEACH FL 32168

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

Name of Employer Occupation
ROGERS, LOVELOCK & FRITZ ARCHITECT

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 / 22 / 2015

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

Mailing Address 765 OLD MISSION RD

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Name of Employer Occupation
KEYES CO SALES

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 / 10 / 2015

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 623 CHARLES PINCKNEY ST

City State Zip Code
ORANGE PARK FL 32073

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

Name of Employer Occupation
SELF-EMPLOYED ADMINISTRATOR

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 / 08 / 2015

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 16 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES DIESEN

Mailing Address 623 CHARLES PINCKNEY ST

City State Zip Code
ORANGE PARK FL 32073

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

Name of Employer Occupation
SELF-EMPLOYED ADMINISTRATOR

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 / 29 / 2015

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY C. EVANS

Mailing Address P.O. BOX 1685

City State Zip Code
NEW SMYRNA BEACH FL 32170

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

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 / 19 / 2015

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID P. FERNANDEZ

Mailing Address 317 FLAGLER AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
SELF-EMPLOYED PUB OWNER

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 / 30 / 2015

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROB FOOTE

Mailing Address 2421 NE 34TH COURT

City State Zip Code
LIGHTHOUSE POINT FL 33064

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

Name of Employer Occupation
FRANK H FURMAN INC PARTNER

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 / 15 / 2015

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

Mailing Address 2221 LEE ROAD SUITE 15

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Occupation
TAX PREP2 LLC PRESIDENT

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 / 12 / 2015

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address 203 HILES BLVD.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
COASTAL LANDSCAPES BUSINESS 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 / 11 / 2015

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

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

3100.00

**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 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES H. GRUMMER

Mailing Address 5825 S. ATLANTIC AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

Mailing Address 5275 S. ATLANTIC AVE., APT. 1108

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DENNIS D. HIGGINBOTHAM

Mailing Address 104 S. RIVERSIDE DR.

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Name of Employer Occupation
SELF-EMPLOYED AUTOMOBILE DEALER

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 / 22 / 2015

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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: (check only one)	PAGE 19 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LINDA S. HOFFMEISTER

Mailing Address 2607 HILL ST.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 417 QUAY ASSISI

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
WOB PORT ORANGE BUSINESS OWNER

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 / 30 / 2015

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

Mailing Address 417 QUAY ASSISI

City State Zip Code
NEW SMYRNA FL 32169

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

Name of Employer Occupation
NEW SMYRNA CHRYSLER BUSINESS OWNER

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 / 10 / 2015

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 20 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRANDY L. ISENBARGER

Mailing Address 7640 STONEBORO DR.

City State Zip Code
HUBER HEIGHTS OH 45424

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
 2200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JANE S. JENS

Mailing Address 2320 LAKE ST.

City State Zip Code
LAKE CHARLES LA 70601

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

Name of Employer Occupation
SOUTHERN LEDGERS ACCOUNTANT

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 / 30 / 2015

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
 750.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM G. JENS JR

Mailing Address 2320 LAKE ST.

City State Zip Code
LAKE CHARLES LA 70601

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

Name of Employer Occupation
MCNEESE STATE EDUCATION

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 / 15 / 2015

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 21 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROY JOHNSON

Mailing Address 718 TIRRELL

City HOUSTON State TN Zip Code 77019

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
 06 / 29 / 2015

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KAISER CONSULTING GROUP LLC

Mailing Address 931 S. RIDGEWOOD AVE., STE. B3

City EDGEWATER State FL Zip Code 32132

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

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 / 15 / 2015

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ARDEN W. KELLEY

Mailing Address 1025 S. GLENCOE RD.

City NEW SMYRNA BEACH State FL Zip Code 32168

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

Name of Employer Occupation
 SELF-EMPLOYED BUSINESS 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
 06 / 15 / 2015

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2250.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4141

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

**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 23 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENNETH BOHANNON PLLC

Mailing Address 221 NORTH CAUSEWAY, STE A

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

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 / 19 / 2015

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAROL L. LEACH

Mailing Address 342 SWEET BAY AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT M. LIESS

Mailing Address 6768 S. ATLANTIC AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
 5400.00
 CONTRIBUTION

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

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

6400.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4216

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule: SA11AI

Transaction ID: SA11AI.4206

REATTRIBUTION REQUESTED

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

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

FOR LINE NUMBER: PAGE 25 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOUGLAS LONG

Mailing Address 12540 PARK AVE

City WINDERMERE State FL Zip Code 34786

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

Name of Employer PROSPECT MORTGAGE Occupation PRESIDENT - NATIONAL LENDING

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 / 10 / 2015

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LUKE BARRINGER CONSTRUCTION LLC

Mailing Address 550 WAYNE AVE.

City NEW SMYRNA BEACH State FL Zip Code 32168

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

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 / 15 / 2015

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AUBREY S. LUNSFORD

Mailing Address 121 VIA CAPRI

City NEW SMYRNA BEACH State FL Zip Code 32169

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
 06 / 15 / 2015

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

5200.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4136

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

**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 27 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWIN C. LUNSFORD JR

Mailing Address 417 N. CAUSEWAY

City State Zip Code
NEW SMYRNA FL 32169

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
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address PO BOX 2291

City State Zip Code
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation
TEALIUM INC SOFTWARE ENTREPRENEUR

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 / 08 / 2015

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES H. LYDECKER

Mailing Address 607 N. BEACH ST.

City State Zip Code
ORMOND BEACH FL 32174

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

Name of Employer Occupation
BROWN & BROWN INSURANCE

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 / 30 / 2015

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

4200.00

**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 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTINE M. LYDECKER

Mailing Address 607 N. BEACH ST.

City ORMOND BEACH State FL Zip Code 32174

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
 06 / 30 / 2015

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

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

Mailing Address 464 BOUCHELLE DR, # 304

City NEW SMYRNA BEACH State FL Zip Code 32169

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
 06 / 15 / 2015

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN S. MASSEY

Mailing Address P.O. BOX 1208

City NEW SMYRNA BEACH State FL Zip Code 32170

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

Name of Employer SELF-EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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 29 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM J. MCCLELLAND

Mailing Address 5300 S. ATLANTIC AVE., APT. 14604

City NEW SMYRNA BEACH	State FL	Zip Code 32168
--------------------------	-------------	-------------------

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

Name of Employer OCEAN PROPERTIES & MANAGEMENT	Occupation REALTOR
---	-----------------------

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 / 15 / 2015

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 77 CUNNINGHAM DR.

City NEW SMYRNA BEACH	State FL	Zip Code 32168
--------------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation BUSINESS OWNER
-----------------------------------	------------------------------

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 / 15 / 2015

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DENNIS C. MCNAMARA JR

Mailing Address 6960 TURLTEMOUND RD.

City NEW SMYRNA BEACH	State FL	Zip Code 32169
--------------------------	-------------	-------------------

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
 06 / 30 / 2015

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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: PAGE 30 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

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

Mailing Address 10219 HAWTHORNE BLVD

City State Zip Code
INGLEWOOD CA 90304

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

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
 06 / 22 / 2015

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

Mailing Address 1314 EAST LAS OLAS BOULEVARD

City State Zip Code
FORT LAUDERDALE FL 33301

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

Name of Employer Occupation
SELF-EMPLOYED MEDICAL SALES

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
 06 / 29 / 2015

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

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

Mailing Address 4182 SAXON DRIVE

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
SELF-EMPLOYED ARCHITECT

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
 06 / 23 / 2015

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

2800.00

**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 31 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NICKY MOREBACK

Mailing Address 306 VOGEL AVENUE

City State Zip Code
STATEN ISLAND NY 10309

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

Name of Employer Occupation
FDNY FIREMAN

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 / 09 / 2015

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 1620 SOUTH RIVERSIDE DR.

City State Zip Code
NEW SYMRNA BEACH FL 32168

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
06 / 15 / 2015

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GARY A. NEUSER

Mailing Address 5275 S. ATLANTIC AVE., APT. 1008

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

3600.00

**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 32 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NANCY NEUSER

Mailing Address 5275 S. ATLANTIC AVE., APT. 1008

City State Zip Code
NEW SMYRNA BEACH FL 32169

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES A. NOLAND

Mailing Address P.O. BOX 337

City State Zip Code
NEW SMYRNA BEACH FL 32170

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 / 2015

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1501 AIRWAY CIRCLE

City State Zip Code
NEW SMYRNA FL 32168

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

Name of Employer Occupation
AMERICAN AERO MECHANIC

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 / 2015

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 33 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NSB PUB ENTERPRISES LLC

Mailing Address P.O. BOX 2561

City State Zip Code
NEW SMYRNA BEACH FL 32170

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

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 / 15 / 2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 465 OCEAN GROVE CIRCLE

City State Zip Code
ST AUGUSTINE FL 32080

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

Name of Employer Occupation
NATIONAL BUS SALES

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 / 23 / 2015

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 5 FAIRWAY CIRCLE

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Name of Employer Occupation
CHARLES L BELOTE & ASSOC CPAS CPA

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 / 25 / 2015

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2000.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4147

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

**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 35 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GERARD J PENDERGAST

Mailing Address 5900 SOUTH ATLANTIC AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
SELF-EMPLOYED ARCHITECT

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 / 19 / 2015

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK A. PERNELL

Mailing Address 1222 COMMODORE DR.

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

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 / 15 / 2015

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TODD E. PERRY

Mailing Address 1422 BEACON ST.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
BUDDY DAVENPORT STATE FARM INSURANCE SALES

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 / 29 / 2015

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
250.00
CONTRIBUTIONS

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

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

4950.00

**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 36 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM R. PICKERING

Mailing Address 4907 INTERNATIONAL PKWY., STE 1071

City SANFORD State FL Zip Code 32771

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

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

Mailing Address 2470 TIMBERVIEW DRIVE

City NEW SMYRNA BEACH State FL Zip Code 32168

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

Name of Employer SELF-EMPLOYED Occupation CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEAN S. REDMAN

Mailing Address 7017 S. ATLANTIC AVE.

City NEW SMYRNA BEACH State FL Zip Code 32169

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

Name of Employer REDMAN CONSTRUCTION GROUP 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
 06 / 30 / 2015

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

4200.00

**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 37 OF 51
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARGRET B. REX		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2015	
Mailing Address 204 CANOVA DR.		Transaction ID : SA11AI.4208	
City NEW SMYRNA BEACH	State FL	Zip Code 32169	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. WALTER A. REX		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2015	
Mailing Address 181 CIRCLE DR.		Transaction ID : SA11AI.4212	
City MAITLAND	State FL	Zip Code 32751	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer REX TIBBS	Occupation CONSTRUCTION		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. KENNETH ROBERTS		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015	
Mailing Address 2003 CARRINGTON DR		Transaction ID : SA11AI.4358	
City ORLANDO	State FL	Zip Code 32807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer INTERIOR TALENT	Occupation PRINCIPAL		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: PAGE 38 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM E. ROE

Mailing Address 3500 S. ATLANTIC AVE.

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
OCEAN PROPERTIES & MANAGEMENT REAL ESTATE

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 / 16 / 2015

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD T. RUSH

Mailing Address 306 QUAY ASSISI

City State Zip Code
NEW SMYRNA BEACH FL 32169

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 / 16 / 2015

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHIELD BEARER II, LLC

Mailing Address 3034 S. PENINSULA DR.

City State Zip Code
NEW SMYRNA SHORES FL 32118

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

Name of Employer Occupation

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 / 2015

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

4200.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4291

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

**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 40 OF 51
	<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)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRIAN SHUTTS

Mailing Address 1258 MUNSTER ST

City State Zip Code
ORLANDO FL 32803

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

Name of Employer Occupation
DRILL PRO LLC BUSINESS 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 / 18 / 2015

Transaction ID : SA11AI.4320

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 6066 CAYMUS LOOP

City State Zip Code
WINDERMERE FL 34786

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

Name of Employer Occupation
MARRIOTT INTERNATIONAL VP LODGING DEVELOPMENT

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 / 28 / 2015

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GLENN D. STORCH

Mailing Address 420 S. NOVA RD.

City State Zip Code
DAYTONA FL 32114

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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 41 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE W. SWAN

Mailing Address 1209 PENNINSULA

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
SELF-EMPLOYED ANGLER

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 / 15 / 2015

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 424 BOUCHELLE DR., UNIT 101

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
COLLADO REAL ESTATE REALTOR

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 / 15 / 2015

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 435 BAYVIEW DRIVE

City State Zip Code
HERMOSA BEACH CA 90254

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 42 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHARON L. WILEY

Mailing Address 100 EAST CIRCLE

City State Zip Code
NEW SMYRNA BEACH FL 32169

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address PO BOX 521

City State Zip Code
NEW SMYRNA BEACH FL 32170

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

Name of Employer Occupation
SELF-EMPLOYED BOAT CAPTAIN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

750.00

122400.00

**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 43 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADAM BARRINGER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015
Mailing Address 1331 SAXON DR #106		Transaction ID : SA11D.4186
City State Zip Code NEW SMYRNA BEACH FL 32169	Amount of Each Receipt this Period 147.65 IN-KIND- POSTAGE/DELIVERY	
FEC ID number of contributing federal political committee. C H6FL06100	Name of Employer Occupation SELF-EMPLOYED RESTAURATEUR	Amount of Each Receipt this Period 147.65 IN-KIND- POSTAGE/DELIVERY
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 147.65	

Full Name (Last, First, Middle Initial) B. ADAM BARRINGER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Mailing Address 1331 SAXON DR #106		Transaction ID : SA11D.4190
City State Zip Code NEW SMYRNA BEACH FL 32169	Amount of Each Receipt this Period 61.13 IN-KIND-POSTAGE/PRINTING	
FEC ID number of contributing federal political committee. C H6FL06100	Name of Employer Occupation SELF-EMPLOYED RESTAURATEUR	Amount of Each Receipt this Period 61.13 IN-KIND-POSTAGE/PRINTING
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 208.78	

Full Name (Last, First, Middle Initial) C. ADAM BARRINGER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2015
Mailing Address 1331 SAXON DR #106		Transaction ID : SA11D.4188
City State Zip Code NEW SMYRNA BEACH FL 32169	Amount of Each Receipt this Period 32.63 IN-KIND-DELIVERY	
FEC ID number of contributing federal political committee. C H6FL06100	Name of Employer Occupation SELF-EMPLOYED RESTAURATEUR	Amount of Each Receipt this Period 32.63 IN-KIND-DELIVERY
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 241.41	

SUBTOTAL of Receipts This Page (optional).....	241.41
TOTAL This Period (last page this line number only).....	241.41

**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 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADAM BARRINGER

Mailing Address 1331 SAXON DR
#106

City State Zip Code
NEW SMYRNA BEACH FL 32169

FEC ID number of contributing federal political committee. **C H6FL06100**

Name of Employer Occupation
SELF-EMPLOYED RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
261.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11D.4218

Amount of Each Receipt this Period
 19.79

IN-KIND-DELIVERY

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

Mailing Address 1331 SAXON DR
#106

City State Zip Code
NEW SMYRNA BEACH FL 32169

FEC ID number of contributing federal political committee. **C H6FL06100**

Name of Employer Occupation
SELF-EMPLOYED RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
280.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11D.4227

Amount of Each Receipt this Period
 19.79

IN-KIND-DELIVERY

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

Mailing Address 1331 SAXON DR
#106

City State Zip Code
NEW SMYRNA BEACH FL 32169

FEC ID number of contributing federal political committee. **C H6FL06100**

Name of Employer Occupation
SELF-EMPLOYED RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
282.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11D.4250

Amount of Each Receipt this Period
 1.96

IN-KIND-DELIVERY

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

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

41.54

**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 45 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARRINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADAM BARRINGER

Mailing Address 1331 SAXON DR
#106

City State Zip Code
NEW SMYRNA BEACH FL 32169

FEC ID number of contributing federal political committee. **C H6FL06100**

Name of Employer Occupation
SELF-EMPLOYED RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
304.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11D.4248

Amount of Each Receipt this Period
 21.42

IN-KIND-DELIVERY

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

Mailing Address 1331 SAXON DR
#106

City State Zip Code
NEW SMYRNA BEACH FL 32169

FEC ID number of contributing federal political committee. **C H6FL06100**

Name of Employer Occupation
SELF-EMPLOYED RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
326.61

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11D.4279

Amount of Each Receipt this Period
 22.24

IN-KIND-DELIVERY

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

43.66

326.61

**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 46 OF 51		
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 250.80 Transaction ID : SB17.4303
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 41.55 Transaction ID : SB17.4304
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.4305
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	304.35
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 47 OF 51			
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 148.42 Transaction ID : SB17.4306
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4307
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 78.60 Transaction ID : SB17.4308
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	246.82
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 48 OF 51		
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.4309
Candidate Name	Category/ Type	
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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 156.90
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.4310
Candidate Name	Category/ Type	
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) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 8.40
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.4311
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	204.60
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 49 OF 51			
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 63.30
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.4312
Candidate Name	Category/ Type	
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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.4313
Candidate Name	Category/ Type	
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) C. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 61.13
City NEW SMYRNA BEACH	State FL	
Zip Code 32169	Purpose of Disbursement IN-KIND-POSTAGE/PRINTING	Transaction ID : SB17.4191
Candidate Name	Category/ Type	
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: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	144.23
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 50 OF 51			
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 32.63 Transaction ID : SB17.4189
City NEW SMYRNA BEACH	State FL Zip Code 32169	
Purpose of Disbursement IN-KIND-DELIVERY	Category/Type	
Candidate Name		
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: FL District: 06		

Full Name (Last, First, Middle Initial) B. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 19.79 Transaction ID : SB17.4219
City NEW SMYRNA BEACH	State FL Zip Code 32169	
Purpose of Disbursement IN-KIND-DELIVERY	Category/Type	
Candidate Name		
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: FL District: 06		

Full Name (Last, First, Middle Initial) C. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 19.79 Transaction ID : SB17.4228
City NEW SMYRNA BEACH	State FL Zip Code 32169	
Purpose of Disbursement IN-KIND-DELIVERY	Category/Type	
Candidate Name		
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: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	72.21
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 51 OF 51			
	<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)
BARRINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 1.96 Transaction ID : SB17.4251
City NEW SMYRNA BEACH State FL Zip Code 32169	Purpose of Disbursement IN-KIND-DELIVERY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type

Full Name (Last, First, Middle Initial) B. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 21.42 Transaction ID : SB17.4249
City NEW SMYRNA BEACH State FL Zip Code 32169	Purpose of Disbursement IN-KIND-DELIVERY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type

Full Name (Last, First, Middle Initial) C. ADAM BARRINGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1331 SAXON DR #106		Amount of Each Disbursement this Period 22.24 Transaction ID : SB17.4280
City NEW SMYRNA BEACH State FL Zip Code 32169	Purpose of Disbursement IN-KIND-DELIVERY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type

SUBTOTAL of Disbursements This Page (optional).....	45.62
TOTAL This Period (last page this line number only).....	1017.83