

# 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  
**CAROL PLATT FOR CONGRESS**

ADDRESS (number and street) 4417 13TH STREET  
BOX 172  
 Check if different than previously reported. (ACC) ST CLOUD FL 34769

2. **FEC IDENTIFICATION NUMBER** C C00544635 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 09

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  
07 / 01 / 2013 through 09 / 30 / 2013

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 Thomas C Datwyler  
Signature of Treasurer Thomas C Datwyler *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 15 / 2013

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  
**CAROL PLATT 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))....	23408.94	44458.94
(b) Total Contribution Refunds (from Line 20(d)) .....	750.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22658.94	43708.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23235.47	25628.89
(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)).....	23235.47	25628.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18080.73	
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

**CAROL PLATT FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13150.00	33800.00
(ii) Unitemized.....	4475.00	4875.00
(iii) TOTAL of contributions from individuals ▶	17625.00	38675.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	5783.94	5783.94
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	23408.94	44458.94
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<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	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.65	0.68
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	23409.59	44459.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23235.47	25628.89
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 .....	750.00	750.00
(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)).....	750.00	750.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23985.47	26378.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18656.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23409.59
25. SUBTOTAL (add Line 23 and Line 24).....	42066.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23985.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18080.73

**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 28
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. William Bennett</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2013	
Mailing Address P. O. Box 1068		<b>Transaction ID : SA11AI.4314</b>	
City Arcadia	State FL	Zip Code 34265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer None	Occupation Retired	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Hugh Bevis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 812 NE 8th Street		<b>Transaction ID : SA11AI.4386</b>	
City Ft. Meade	State FL	Zip Code 33841	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Citrus Grower	Primary Contribution	
Receipt For: 2014 <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>C. Norman Black</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1860 Pinnacle Drive		<b>Transaction ID : SA11AI.4452</b>	
City Lakeland	State FL	Zip Code 33813	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 28
	<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)  
**CAROL PLATT FOR CONGRESS**

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

Mailing Address 350 East Lake Elbert Dr NE

City Winter Haven State FL Zip Code 33881

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

Name of Employer Carden's Associates, Inc. Occupation Insurance Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : SA11AI.4358**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Carlton**

Mailing Address 601 S. Falkenburg Road Ste 14-1

City Tampa State FL Zip Code 33619

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

Name of Employer Self-Employed Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

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

Mailing Address 117 Illinois Ave

City Wachula State FL Zip Code 33873

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4430**

Amount of Each Receipt this Period  
 250.00

Primary Contribution

**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 7 OF 28
	<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)  
**CAROL PLATT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rex Clonts**

Mailing Address 6265 Lake Charm Cir

City Oviedo State FL Zip Code 32765

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

Name of Employer Self-Employed Occupation Citrus Grower

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ben Crosby**

Mailing Address 2558 Partridge Dr

City Winter Haven State FL Zip Code 33884

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : SA11AI.4310**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

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

Mailing Address 1818 Sandy Knoll Circle

City Lakeland State FL Zip Code 33813

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

Name of Employer Self-Employed Occupation Mining

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : SA11AI.4354**

Amount of Each Receipt this Period  
 500.00

Primary 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 8 OF 28
	<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)  
**CAROL PLATT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Oren Dowdy**

Mailing Address 216 McLean Pointe

City Winter Haven State FL Zip Code 33884

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

Name of Employer Sign Effex, Inc. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : SA11AI.4312**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Leslie Dunson**

Mailing Address 6755 Winterset Gardens Road

City Winter Haven State FL Zip Code 33884

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

Name of Employer Self-Employed Occupation Citrus Grower

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
 250.00

Primary Contribution

**C.** Full Name (Last, First, Middle Initial)  
**David Hitchcock**

Mailing Address 2016 Seminole Trail

City Lakeland State FL Zip Code 33803

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

Name of Employer Self-Employed Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 20 / 2013

**Transaction ID : SA11AI.4323**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

**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 28
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mark Irby</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2013	
Mailing Address 1025 S Lake Mariam Drive		<b>Transaction ID : SA11AI.4340</b>	
City Winter Haven	State FL	Zip Code 33884	Amount of Each Receipt this Period _____ 250.00 Primary Contribution
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Emil Jahna</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2013	
Mailing Address 1390 N Crooked Lake Drive		<b>Transaction ID : SA11AI.4356</b>	
City Babson Park	State FL	Zip Code 33827	Amount of Each Receipt this Period _____ 500.00 Primary Contribution
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Cirtus Owner		
Receipt For: 2014 <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>C. Polly Johns</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2013	
Mailing Address 604 Old Treaty PLace		<b>Transaction ID : SA11AI.4246</b>	
City St. Augustine	State FL	Zip Code 32086	Amount of Each Receipt this Period _____ 250.00 Primary Contribution
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<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 10 OF 28
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paul Linder</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2013	
Mailing Address 28 E Washington Street		<b>Transaction ID : SA11AI.4305</b>	
City Orlando	State FL	Zip Code 32801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer None	Occupation Retired	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Barbara Marshall</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 959 Charberlin Trl		<b>Transaction ID : SA11AI.4373</b>	
City St. Cloud	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired	Primary Contribution	
Receipt For: 2014 <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>C. Rhonda Martin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2013	
Mailing Address 220 Ruby Lake Lane		<b>Transaction ID : SA11AI.4344</b>	
City Winter Haven	State FL	Zip Code 33884	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer By Design Real Estate Services	Occupation Real Estate Broker	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 11 OF 28
	<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)  
**CAROL PLATT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn Norris**

Mailing Address 295 Kelly Road

City Frostproof State FL Zip Code 33843

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

Name of Employer Norris Groves Occupation Citrus Grower

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Overstreet**

Mailing Address 4855 Joe Overstreet Road

City Kenansvilloe State FL Zip Code 34739

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

Name of Employer Self Occupation Agriculture

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4378**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Joshua Platt**

Mailing Address 3332 Cecil Waley Road

City St. Cloud State FL Zip Code 34772

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

Name of Employer Kissimmee Park Properties Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period  
 250.00

Primary Contribution

**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 12 OF 28
	<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)  
**CAROL PLATT FOR CONGRESS**

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

Mailing Address 2240 E Helen Circle

City Bartow State FL Zip Code 33830

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period  
**150.00**

Primary Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Raymond Roth**

Mailing Address 15385 Extroms

City Wellington State FL Zip Code 33414

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2013**

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
**250.00**

Primary Contribution

**C.** Full Name (Last, First, Middle Initial)  
**SRD Development**

Mailing Address PO Box 2670

City Winter Haven State FL Zip Code 33883

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2013**

**Transaction ID : SA11AI.4318**

Amount of Each Receipt this Period  
**750.00**

Primary Contribution

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

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

**1150.00**

**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 28
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Thomas Thayer</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2013	
Mailing Address PO Box 970		<b>Transaction ID : SA11AI.4325</b>	
City Dundee	State FL	Zip Code 33838	Amount of Each Receipt this Period 500.00 Primary Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Citrus Grower		
Receipt For: 2014 <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. Adrienne Watkins</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 7 Brogden Court SE		<b>Transaction ID : SA11AI.4450</b>	
City Winter Haven	State FL	Zip Code 33880	Amount of Each Receipt this Period 500.00 Primary Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <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>C. Dennis Wedgworth</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2013	
Mailing Address 13643 Staimford Drive		<b>Transaction ID : SA11AI.4273</b>	
City Wellington	State FL	Zip Code 33414	Amount of Each Receipt this Period 500.00 Primary Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Sugar Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 14 OF 28
	<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)  
**CAROL PLATT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brad Weihrauch**

Mailing Address 748 Santa Maria Drive

City Winter Haven State FL Zip Code 33884

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.4346**

Amount of Each Receipt this Period  
 250.00

Primary Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jacob Wilson**

Mailing Address 200 Airport Drive

City Frostproof State FL Zip Code 33843

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

Name of Employer Self-Employed Occupation Welder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.4316**

Amount of Each Receipt this Period  
 250.00

Primary Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mary Ruth Wilson**

Mailing Address 200 Airport Road

City Frostproof State FL Zip Code 33843

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2013

**Transaction ID : SA11AI.4321**

Amount of Each Receipt this Period  
 500.00

Primary 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: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 28

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NAME OF COMMITTEE (In Full)  
**CAROL PLATT FOR CONGRESS**

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

Mailing Address 1131 Audubon Way

City Maitland State FL Zip Code 32751

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : SA11Al.4259**

Amount of Each Receipt this Period  
 500.00

Primary Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

13150.00

**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 28
<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)  
**CAROL PLATT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL PLATT**

Mailing Address PO BOX 172

City ST CLOUD State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C H4FL09083**

Name of Employer Carol Platt For Congress Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
32.13

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2013

**Transaction ID : SA11D.4444**

Amount of Each Receipt this Period  
32.13

In-kind - Printing and Copying

**B.** Full Name (Last, First, Middle Initial)  
**CAROL PLATT**

Mailing Address PO BOX 172

City ST CLOUD State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C H4FL09083**

Name of Employer Carol Platt For Congress Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4032.13

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

**Transaction ID : SA11D.4289**

Amount of Each Receipt this Period  
4000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
**CAROL PLATT**

Mailing Address PO BOX 172

City ST CLOUD State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C H4FL09083**

Name of Employer Carol Platt For Congress Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4414.85

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2013

**Transaction ID : SA11D.4446**

Amount of Each Receipt this Period  
382.72

In-kind - Postage

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

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

4414.85



**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 28
	<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)  
**CAROL PLATT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL PLATT**

Mailing Address PO BOX 172

City ST CLOUD State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C H4FL09083**

Name of Employer Carol Platt For Congress Occupation Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5614.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11D.4440**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1200.00

In-kind - Food and Beverage

**B.** Full Name (Last, First, Middle Initial)  
**CAROL PLATT**

Mailing Address PO BOX 172

City ST CLOUD State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C H4FL09083**

Name of Employer Carol Platt For Congress Occupation Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5783.94

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11D.4442**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 169.09

In-kind - Printing

**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).....

\_\_\_\_\_ 1369.09

\_\_\_\_\_ 5783.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28			
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cardinals FEC Compliance Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address PO Box 6		Amount of Each Disbursement this Period 151.00 <b>Transaction ID : SB17.4176</b>
City Georgetown	State TX	
Zip Code 78627	Purpose of Disbursement Accounting and Reporting	Category/ Type 001
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

Full Name (Last, First, Middle Initial) <b>B. Cardinals FEC Compliance Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address PO Box 6		Amount of Each Disbursement this Period 327.00 <b>Transaction ID : SB17.4236</b>
City Georgetown	State TX	
Zip Code 78627	Purpose of Disbursement Accounting and Reporting	Category/ Type 001
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

Full Name (Last, First, Middle Initial) <b>C. Cardinals FEC Compliance Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2013
Mailing Address PO Box 6		Amount of Each Disbursement this Period 217.50 <b>Transaction ID : SB17.4264</b>
City Georgetown	State TX	
Zip Code 78627	Purpose of Disbursement Accounting and Reporting	Category/ Type 001
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	695.50
<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 19 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Thomas C Datwyler</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2013
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 246.00 <b>Transaction ID : SB17.4279</b>
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Thomas C Datwyler</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 188.00 <b>Transaction ID : SB17.4291</b>
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 1210 12th Street		Amount of Each Disbursement this Period 21.23 <b>Transaction ID : SB17.4185</b>
City St. Cloud State FL Zip Code 34769	Purpose of Disbursement Shipping 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	455.23
<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 20 OF 28			
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. FedEx</b>		M M / D D / Y Y Y Y 07 / 17 / 2013	
Mailing Address 1210 12th Street		Amount of Each Disbursement this Period	
City St. Cloud State FL Zip Code 34769		68.20	
Purpose of Disbursement Shipping		Transaction ID : SB17.4232	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. FedEx</b>		M M / D D / Y Y Y Y 08 / 13 / 2013	
Mailing Address 1210 12th Street		Amount of Each Disbursement this Period	
City St. Cloud State FL Zip Code 34769		93.32	
Purpose of Disbursement Shipping		Transaction ID : SB17.4277	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. FedEx</b>		M M / D D / Y Y Y Y 09 / 01 / 2013	
Mailing Address 1210 12th Street		Amount of Each Disbursement this Period	
City St. Cloud State FL Zip Code 34769		39.22	
Purpose of Disbursement Shipping		Transaction ID : SB17.4296	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	200.74
<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 21 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. San Pedro Katherine</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 1850.00 <b>Transaction ID : SB17.4171</b>
City Miami State FL Zip Code 33155	Purpose of Disbursement Management Consulting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. San Pedro Katherine</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 161.54 <b>Transaction ID : SB17.4186</b>
City Miami State FL Zip Code 33155	Purpose of Disbursement Expense Reimbursement 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. San Pedro Katherine</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2013
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 3930.00 <b>Transaction ID : SB17.4278</b>
City Miami State FL Zip Code 33155	Purpose of Disbursement Management Consulting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5941.54
<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 22 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. San Pedro Katherine</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 4100.00 <b>Transaction ID : SB17.4288</b>
City Miami State FL Zip Code 33155	Purpose of Disbursement Management Consulting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Shane Maloy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 4875 Gabriella Lane		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4267</b>
City Oviedo State FL Zip Code 32765	Purpose of Disbursement Media Consulting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Shane Maloy</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 4875 Gabriella Lane		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4295</b>
City Oviedo State FL Zip Code 32765	Purpose of Disbursement Media Consulting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4900.00
<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 23 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAVERICK PAC USA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 1980 POST OAK BLVD. SUITE 2020		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4227</b>
City HOUSTON State TX Zip Code 77056	Purpose of Disbursement Conference Expense 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB17.4174</b>
City Tallahassee State FL Zip Code 32312	Purpose of Disbursement Political Consulting 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 1180.06 <b>Transaction ID : SB17.4180</b>
City Tallahassee State FL Zip Code 32312	Purpose of Disbursement Expense Reimbursement 002 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3730.06
<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 24 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hertz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 3204 W Tennessee St		Amount of Each Disbursement this Period 262.62
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Car Rental	Transaction ID : SB17.4180.0
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 11801 High Tech Ave		Amount of Each Disbursement this Period 917.44
City Orlando	State FL	
Zip Code 32817	Purpose of Disbursement Lodging	Transaction ID : SB17.4180.1
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 950.00
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Political Consulting	Transaction ID : SB17.4183
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	950.00
<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 25 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.4229</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Political Consulting	Category/ Type 001
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.4235</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Political Consulting	Category/ Type 001
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

Full Name (Last, First, Middle Initial) <b>c. Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.4248</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Political Consulting	Category/ Type 001
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2850.00
<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 26 OF 28			
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAROL PLATT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 382.72
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	Transaction ID : SB17.4447
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. CAROL PLATT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 1200.00
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Food and Beverage	
Candidate Name	Category/Type	Transaction ID : SB17.4441
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>C. CAROL PLATT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 169.09
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Printing	
Candidate Name	Category/Type	Transaction ID : SB17.4443
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1751.81
<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 27 OF 28	
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Redstate</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 1 Massachusetts Ave NW		Amount of Each Disbursement this Period 448.00 <b>Transaction ID : SB17.4230</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Conference Expense 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Transact</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period 168.70 <b>Transaction ID : SB17.4411</b>
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement Credit Card Fees 001 Category/Type	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	616.70
<b>TOTAL</b> This Period (last page this line number only).....	22091.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 28			
	<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)  
**CAROL PLATT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SRD Development</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address PO Box 2670		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB20A.4320</b>
City Winter Haven State FL Zip Code 33883	Purpose of Disbursement Refund of Primary Contribution Category/Type 010	
Candidate Name <b>CAROL PLATT FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

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	
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	
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).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	750.00