

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Florida Freedom PAC

ADDRESS (number and street) 8330 Biscayne Blvd., Ste. 1 Miami FL 33138 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00521013

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gihan Perera

Signature of Treasurer Gihan Perera [Electronically Filed] Date 07 / 15 / 2016

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Florida Freedom PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="174632.75"/>	<input type="text" value="174632.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="156100.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="75000.00"/>	<input type="text" value="75000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="231100.80"/>	<input type="text" value="249632.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10833.84"/>	<input type="text" value="29365.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="220266.96"/>	<input type="text" value="220266.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="84905.61"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Florida Freedom PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	75000.00	75000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75000.00	75000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	75000.00	75000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	75000.00	75000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75000.00	75000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10833.84	29365.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10833.84	29365.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10833.84	29365.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10833.84	29365.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	75000.00	75000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75000.00	75000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10833.84	29365.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10833.84	29365.79

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`#19A-N5HCB

Form/Schedule: F3XN
Transaction ID :

The independent expenditures disclosed on Schedule E, Line 24, of this report were all originally paid by the committee's connected organization, New Florida Majority (NFM), with the intent that the committee would reimburse NFM for that activity. Thus, the committee disclosed a debt owed to NFM for these expenditures on Schedule D, Line 10. Further, because the 48-hour notices filed on 4/23 and 5/6 used estimated costs, some of the costs and a few of the vendors disclosed on this report will vary from what was disclosed on the 48-hour notices, because the committee is now disclosing the actual amounts spent. When the committee filed its 48-hr notices, it did so by estimating the weekly cost of canvassing activity, and using those totals to determine when 48-hr reporting was triggered. The committee used the first date of each of those weeks to determine the dissemination date. However, the committee paid its canvassers bi-weekly, so the payments disclosed here reflect two weeks' worth of canvassing activity, using the earliest date of that activity as the dissemination date. According to the estimate methodology used for 48-hour reporting, all 48-hour reports were filed timely. In addition, please note that currently the committee's software vendor, NGP VAN (which is FEC approved), requires the use of both the obligation/payment and dissemination date fields on Form 24 and Schedule E, even if a payment has not been made for the expenditure at the time the 24/48-hour notice or quarterly report is filed. On the 48-hour notices that were filed on 4/23 and 5/6, the committee used both the obligation date and dissemination date to disclose all estimated costs, and on this report, the committee has kept the dissemination date the same, but, changed the obligation date field to reflect the date the canvassers were paid by the connected organization.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Florida Freedom PAC

Full Name (Last, First, Middle Initial)
A. Civic Participation Action Fund

Mailing Address 1615 L Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : C6663633

Amount of Each Receipt this Period
 75000.00

Memo Item

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	75000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Compdealings

Mailing Address 2040 NE 163 Street, Ste. 210

City Miami State FL Zip Code 33162

Purpose of Disbursement
T-Shirts, Non-IE Related

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : D455074

Amount of Each Disbursement this Period

850.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Evans & Katz LLC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : D455076

Amount of Each Disbursement this Period

1218.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Evans & Katz LLC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : D455078

Amount of Each Disbursement this Period

580.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2648.84

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Evans & Katz LLC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2016

Transaction ID : **D455073**

Amount of Each Disbursement this Period

80.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Harmon, Curran, Spielberg & Eisenberg LLP

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : **D455080**

Amount of Each Disbursement this Period

1972.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg LLP

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : **D455077**

Amount of Each Disbursement this Period

3959.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6011.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Harmon, Curran, Spielberg & Eisenberg LLP

Mailing Address 1726 M Street NW, Suite 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : D455075

Amount of Each Disbursement this Period

1934.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN

Mailing Address 1101 15th Street NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software and Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : D455079

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2159.00

10818.84

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 78
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor New Florida Majority	Nature of Debt (Purpose): Office Overhead Costs
Mailing Address 8330 Biscayne Blvd. Suite 1	
City State Zip Code Miami FL 33138	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D366098	
Amount Incurred This Period 84905.61	Payment This Period 0.00	Outstanding Balance at Close of This Period 84905.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	84905.61
2) TOTALS This Period (last page this line number only)..... ▶	84905.61
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	84905.61

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Macky Designs <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 13 / 2016
Mailing Address 10646 SW 76th Ter	Amount <input type="text" value="98.51"/>
City State Zip Code Miami FL 33173-2969	Transaction ID : D450162 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 02 / 2016
Purpose of Expenditure Payment for Campaign T-Shirts Design Serv., Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="36278.90"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Staples <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 13 / 2016
Mailing Address 18591 S Dixie Hwy	Amount <input type="text" value="122.19"/>
City State Zip Code Cutler Bay FL 33157-6845	Transaction ID : D450163 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 11 / 2016
Purpose of Expenditure Payment for Canvassing Supplies for 4/13-5/15, Discl on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="36278.90"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text" value="0.00"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Macky Designs <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 10646 SW 76th Ter	Amount 98.51
City State Zip Code Miami FL 33173-2969	Transaction ID : D455066 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016
Purpose of Expenditure Payment for Campaign T-Shirts Design Serv., Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Office Depot <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 6600 North Military Trail	Amount 25.77
City State Zip Code Boca Raton FL 33487	Transaction ID : D450165 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Supplies for 4/13-5/15, Discl on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee New Florida Majority <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 8330 Biscayne Blvd. Suite 1	Amount 1250.00
City State Zip Code Miami FL 33138	Transaction ID : D450720 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Purpose of Expenditure Payment for Tablet Rental for Canvassing Prog. 4/13-5/15, Disc. on 4/23 and 5/6 48-hr. Reports	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Walmart <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 9191 W Flagler St	Amount 13.48
City State Zip Code Miami FL 33174-2405	Transaction ID : D450167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 14 / 2016
Purpose of Expenditure Payment for Canvassing Supplies for 4/13-5/15, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Compdealings <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 13 / 2016
Mailing Address 2040 NE 163 Street, Ste. 210	Amount <input type="text" value="00000000000000000000"/> 425.17
City State Zip Code Miami FL 33162	Transaction ID : D450161 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 21 / 2016
Purpose of Expenditure Payment for Campaign T-Shirts, Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<input type="text" value="00000000000000000000"/> 36278.90	

Full Name of Payee Juanita Alvarez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 13 / 2016
Mailing Address 905 SW 1st Street Apt. 508	Amount <input type="text" value="00000000000000000000"/> 443.50
City State Zip Code Miami FL 33130	Transaction ID : D450073 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<input type="text" value="00000000000000000000"/> 36278.90	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="00000000000000000000"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="00000000000000000000"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="00000000000000000000"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Martina Bryant <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 6821 NW 6 Ave	Amount 475.50
City State Zip Code Miami FL 33150	Transaction ID : D450074 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-Hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Zulema Camacho <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 100 SW 83 Way Apt. 102	Amount 300.00
City State Zip Code Pembroke Pines FL 33025	Transaction ID : D450078 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Judith Cruz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 8181 NW S River Drive Apt. 145	Amount 479.75
City State Zip Code Medley FL 33166	Transaction ID : D450080 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Miladis Diaz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 9 E 4th St Apt 102	Amount 597.25
City State Zip Code Hialeah FL 33010-6258	Transaction ID : D450081 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Pedro Gonzalez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 915 NW 1st Ave Apt H2512	Amount 465.00
City State Zip Code Miami FL 33136-3560	Transaction ID : D450083 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Jose Miguel Gonzalez Ortiz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 1321 NW 42 Street Rear	Amount 300.00
City State Zip Code Miami FL 33142	Transaction ID : D450086 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/26 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Olvin Henriquez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 3351 SW 24 Terrace	Amount 471.75
City State Zip Code Miami FL 33145	Transaction ID : D450088 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Humberto Iglesias <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 8181 NW South River Drive Apt. A14	Amount 524.00
City State Zip Code Medley FL 33166	Transaction ID : D450089 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Viky Lara
Mailing Address: 11960 Tuttle Blvd.
City: Miami, State: FL, Zip Code: 33184
Purpose of Expenditure: Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 04/13/2016
Amount: 391.50
Transaction ID: D450093
Date of Disbursement or Obligation: 04/29/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 36278.90

Full Name of Payee: Jorge Macias
Mailing Address: 7080 NW 174 Terrace Apt. 104
City: Miami, State: FL, Zip Code: 33015
Purpose of Expenditure: Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 04/13/2016
Amount: 465.00
Transaction ID: D450095
Date of Disbursement or Obligation: 04/29/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 36278.90

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Gihan Perera
Date: 07/15/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Julio Cesar Maldonado Rodriguez		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 13 / 2016	
Mailing Address 7757 SW 86 Street Apt. C111		Amount <input type="text" value="0000000000"/> 346.38	
City Miami State FL Zip Code 33143	Transaction ID : D450097 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 29 / 2016		
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0000000000"/> 36278.90		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Maria Patricia Medina		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 13 / 2016	
Mailing Address 3700 NW 62 Ave. Apt. 207		Amount <input type="text" value="0000000000"/> 420.00	
City Miami State FL Zip Code 33166	Transaction ID : D450099 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 04 / 29 / 2016		
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0000000000"/> 36278.90		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="0000000000"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="0000000000"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="0000000000"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Xaviera Ramos <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 2406 San Remo Circle	Amount 359.13
City State Zip Code Homestead FL 33035	Transaction ID : D450101 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Henrietta Ricketts <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 10601 NW 17 Ave Apt 102	Amount 489.38
City State Zip Code Miami FL 33147	Transaction ID : D450103 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Maria Rivero
Mailing Address: 10904 SW 2 Street Apt. 1
City: Miami, State: FL, Zip Code: 33174
Purpose of Expenditure: Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 04/13/2016
Amount: 277.50
Transaction ID: D450105
Date of Disbursement or Obligation: 04/29/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 36278.90

Full Name of Payee: Juanita Romera
Mailing Address: 114 NE 83 Street
City: Miami, State: FL, Zip Code: 33138
Purpose of Expenditure: Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 04/13/2016
Amount: 420.00
Transaction ID: D450107
Date of Disbursement or Obligation: 04/29/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 36278.90

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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Gihan Perera
[Electronically Filed]
Date 07/15/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Ivan Zuleta <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 3501 W 11 Avenue Apt. 113	Amount 999.99 492.00
City State Zip Code Hialeah FL 33012	Transaction ID : D450109 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 999.99 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Ysis Perez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 20020 NW 64 Court	Amount 999.99 187.50
City State Zip Code Hialeah FL 33015	Transaction ID : D450113 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 999.99 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	999.99 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	999.99
(c) TOTAL Independent Expenditures..... ▶	999.99

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Antonio Williams <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 3895 NW 183 Street	Amount 75.00
City State Zip Code Miami Gardens FL 33055	Transaction ID : D450117 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Laura Coache <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 12599 NE 2nd Ave	Amount 75.00
City State Zip Code North Miami FL 33161-4542	Transaction ID : D450119 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Kimberly Hansack <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 15501 NE 6th Ave Apt D415	Amount 75.00
City State Zip Code North Miami Beach FL 33162-5146	Transaction ID : D450122 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Fidel Pineda <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 11960 Tuttle Blvd.	Amount 269.25
City State Zip Code Miami FL 33184	Transaction ID : D450124 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Maria Aviles
Mailing Address: 1510 E Mowry Drive Apt 203
City: Homestead, State: FL, Zip Code: 33033
Purpose of Expenditure: Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 04/13/2016
Amount: 225.00
Transaction ID: D450127
Date of Disbursement or Obligation: 04/29/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 36278.90

Full Name of Payee: Julio Agredo
Mailing Address: 1051 NW 2nd St Apt 7
City: Miami, State: FL, Zip Code: 33128-1156
Purpose of Expenditure: Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 04/13/2016
Amount: 465.00
Transaction ID: D450129
Date of Disbursement or Obligation: 04/29/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 36278.90

(a) SUBTOTAL of Itemized Independent Expenditures: 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
[Electronically Filed]
Date: 07/15/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Audrey Hansack <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 5712 NW 3 Ave	Amount 187.50
City State Zip Code Miami FL 33127	Transaction ID : D450131 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Eduardo Garcia <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 1620 NW 128th St	Amount 127.50
City State Zip Code North Miami FL 33167-2236	Transaction ID : D450133 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Maribel Macias <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 17860 SW 107th Ave Apt 23	Amount 127.50
City State Zip Code Miami FL 33157-5116	Transaction ID : D450135 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Odalis Martinez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 14921 SW 82nd Ln Apt 19	Amount 127.50
City State Zip Code Miami FL 33193-3113	Transaction ID : D450137 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Orlando Palma		Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 04 / 13 / 2016	
Mailing Address 328 NE 57th St		Amount <input type="text" value="00000000000000000000"/> 127.50	
City Miami	State FL	Zip Code 33137-2543	Transaction ID : D450139
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report		Category/Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 04 / 29 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="00000000000000000000"/> 36278.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Steve Luis		Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 04 / 13 / 2016	
Mailing Address 2341 SW 11 Street		Amount <input type="text" value="00000000000000000000"/> 174.92	
City Miami	State FL	Zip Code 33135	Transaction ID : D450142
Purpose of Expenditure Payment for Fncl. Mgmt. Serv. of Canvassing Prog. 4/13-4/27, Disc. on 4/23 48-hr Report		Category/Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 04 / 29 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="00000000000000000000"/> 36278.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="00000000000000000000"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="00000000000000000000"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="00000000000000000000"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date 07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee David McDougal <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 4231 NW 11th Pl	Amount 961.52
City State Zip Code Miami FL 33127-2710	Transaction ID : D450145 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Field Director Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Victricia Chandler <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 20130 SW 104th Ct	Amount 158.65
City State Zip Code Cutler Bay FL 33189-1308	Transaction ID : D450149 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Operations Dir. Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Giovanny Navarro	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 8410 SW 150th Ave Apt 104	Amount 403.84
City State Zip Code Miami FL 33193-1419	Transaction ID : D450154 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Campaign Mgmt. Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Daniel Garcia	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 2514 NW 94th Ave	Amount 384.60
City State Zip Code Coral Springs FL 33065-4920	Transaction ID : D450157 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure Payment for Quality Control Coord. Serv. 4/13-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Frank Bigus	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 21 / 2016 </div>
Mailing Address 9674 NW 10th Ave Lot H812	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 37.50 </div>
City State Zip Code Miami FL 33150-1839	Transaction ID : D455047 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 29 / 2016 </div>
Purpose of Expenditure Payment for Canvassing Serv. 4/21-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 36278.90 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Alina Chavez	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 21 / 2016 </div>
Mailing Address 195 Grand Canal Drive	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 37.50 </div>
City State Zip Code Miami FL 33144	Transaction ID : D455056 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 29 / 2016 </div>
Purpose of Expenditure Payment for Canvassing Serv. 4/21-4/27, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 36278.90 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>

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Gihan Perera

Signature

[Electronically Filed]

Date 07 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Gloria Lopez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 04 / 20 / 2016
Mailing Address 701 NW 111th Ct Apt 2	Amount <input type="text" value="0000000000"/> 37.50
City State Zip Code Miami FL 33172-3783	Transaction ID : D455060 Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/20-4/27, Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0000000000"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Georgina Musa <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 04 / 20 / 2016
Mailing Address 3803 SW 82nd Ave Apt 9	Amount <input type="text" value="0000000000"/> 37.50
City State Zip Code Miami FL 33155-6710	Transaction ID : D455061 Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 04 / 29 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/20-4/27, Disc. on 4/23 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0000000000"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text" value="0000000000"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text" value="0000000000"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text" value="0000000000"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Dariana Ortega Penalva		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 20 / 2016	
Mailing Address 195 Grand Canal Dr		Amount 37.50	
City Miami	State FL	Zip Code 33144-2527	Transaction ID : D455063
Purpose of Expenditure Payment for Canvassing Serv. 4/20-4/27, Disc. on 4/23 48-hr Report		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Elbert Garcia		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016	
Mailing Address 260 SW 29th Rd		Amount 625.00	
City Miami	State FL	Zip Code 33129-2722	Transaction ID : D455058
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 03 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Costco Wholesale <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address 14585 Biscayne Blvd	Amount 36.15
City State Zip Code North Miami FL 33181	Transaction ID : D450169 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Purpose of Expenditure Payment for Canvassing Supplies for 4/13-5/15, Discl on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Alicia Alzuri <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 9214 SW 147 Ct.	Amount 380.63
City State Zip Code Miami FL 33196	Transaction ID : D450091 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Alicia Alzuri	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address 9214 SW 147 Ct.		Amount 287.59
City State Zip Code Miami FL 33196	Transaction ID : D450092	
Purpose of Expenditure Payment for Canvassing Serv. 4/21-4/27, Disc. on 4/23 48-hr Report	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Krizia Barker	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 13 / 2016
Mailing Address 7540 Adventure Ave		Amount 228.00
City State Zip Code North Bay Village FL 33141	Transaction ID : D450111	
Purpose of Expenditure Payment for Canvassing Serv. 4/13-4/20, Disc. on 4/23 48-hr Report	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Zulema Camacho <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 04 / 28 / 2016
Mailing Address 100 SW 83 Way Apt. 102	Amount <input type="text" value="0000000000"/> 300.00
City State Zip Code Pembroke Pines FL 33025	Transaction ID : D450638 Date of Disbursement or Obligation <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0000000000"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Judith Cruz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 04 / 28 / 2016
Mailing Address 8181 NW S River Drive Apt. 145	Amount <input type="text" value="0000000000"/> 313.74
City State Zip Code Medley FL 33166	Transaction ID : D450641 Date of Disbursement or Obligation <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type <input type="text" value="004"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0000000000"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="0000000000"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="0000000000"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="0000000000"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Miladis Diaz	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9 E 4th St Apt 102		Amount <input type="text"/>
City Hialeah	State FL	Zip Code 33010-6258
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/>	Transaction ID : D450644 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
36278.90		

Full Name of Payee Pedro Gonzalez	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 915 NW 1st Ave Apt H2512		Amount <input type="text"/>
City Miami	State FL	Zip Code 33136-3560
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/>	Transaction ID : D450646 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
36278.90		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Signature Gihan Perera [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Jose Miguel Gonzalez Ortiz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 1321 NW 42 Street Rear	Amount 439.50
City State Zip Code Miami FL 33142	Transaction ID : D450648 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Olvin Henriquez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3351 SW 24 Terrace	Amount 225.00
City State Zip Code Miami FL 33145	Transaction ID : D450650 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Alicia Alzuri <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 9214 SW 147 Ct.	Amount 287.60
City State Zip Code Miami FL 33196	Transaction ID : D450652 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Humberto Iglesias <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 8181 NW South River Drive Apt. A14	Amount 496.50
City State Zip Code Medley FL 33166	Transaction ID : D450654 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Viky Lara <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 11960 Tuttle Blvd.	Amount 375.00
City State Zip Code Miami FL 33184	Transaction ID : D450655 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Jorge Macias <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 7080 NW 174 Terrace Apt. 104	Amount 412.50
City State Zip Code Miami FL 33015	Transaction ID : D450657 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Julio Cesar Maldonado Rodriguez	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 7757 SW 86 Street Apt. C111	Amount 313.74
City State Zip Code Miami FL 33143	Transaction ID : D450659 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Maria Patricia Medina	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3700 NW 62 Ave. Apt. 207	Amount 412.50
City State Zip Code Miami FL 33166	Transaction ID : D450661 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Xaviera Ramos	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 2406 San Remo Circle		Amount 522.90
City Homestead State FL Zip Code 33035	Transaction ID : D450663	
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Henrietta Ricketts	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 10601 NW 17 Ave Apt 102		Amount 522.90
City Miami State FL Zip Code 33147	Transaction ID : D450665	
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2016

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Juanita Romera <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 114 NE 83 Street	Amount 412.50
City State Zip Code Miami FL 33138	Transaction ID : D450667 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Ivan Zuleta <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3501 W 11 Avenue Apt. 113	Amount 426.69
City State Zip Code Hialeah FL 33012	Transaction ID : D450669 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Ysis Perez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 20020 NW 64 Court	Amount 575.19
City State Zip Code Hialeah FL 33015	Transaction ID : D450671 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Antonio Williams <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3895 NW 183 Street	Amount 262.50
City State Zip Code Miami Gardens FL 33055	Transaction ID : D450673 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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07 / 15 / 2016

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Fidel Pineda <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016	
Mailing Address 11960 Tuttle Blvd.		Amount 227.58	
City Miami	State FL	Zip Code 33184	Transaction ID : D450675
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016	
Name of Federal Candidate DONALD J TRUMP		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 36278.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Maria Aviles <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016	
Mailing Address 1510 E Mowry Drive Apt 203		Amount 75.00	
City Homestead	State FL	Zip Code 33033	Transaction ID : D450676
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016	
Name of Federal Candidate DONALD J TRUMP		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 36278.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Julio Agredo <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 1051 NW 2nd St Apt 7	Amount 262.50
City State Zip Code Miami FL 33128-1156	Transaction ID : D450677 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Audrey Hansack <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 5712 NW 3 Ave	Amount 75.00
City State Zip Code Miami FL 33127	Transaction ID : D450678 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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07 / 15 / 2016

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Krizia Barker <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 7540 Adventure Ave	Amount 228.00
City State Zip Code North Bay Village FL 33141	Transaction ID : D450680 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Amalia Zavala <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 8800 SW 42nd Ter	Amount 112.50
City State Zip Code Miami FL 33165-5324	Transaction ID : D450682 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature _____

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Gloria Lopez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 701 NW 111th Ct Apt 2	Amount <input type="text"/>
City State Zip Code Miami FL 33172-3783	Transaction ID : D450683
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Lilian Ramirez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 8801 W Flagler St Apt 404	Amount <input type="text"/>
City State Zip Code Miami FL 33174-2424	Transaction ID : D450685
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Gihan Perera [Electronically Filed] Date / /

Signature

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Michelle Davis <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 9603 NW 9th Ave	Amount 150.00
City State Zip Code Miami FL 33150-1811	Transaction ID : D450687 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Renette Jean Louis <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 9603 NW 9th Ave	Amount 225.00
City State Zip Code Miami FL 33150-1811	Transaction ID : D450688 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Alina Chavez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 195 Grand Canal Drive	Amount 225.00
City State Zip Code Miami FL 33144	Transaction ID : D450689 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Raul Vino <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3586 NW 41st St Lot D406	Amount 412.50
City State Zip Code Miami FL 33142-4349	Transaction ID : D450690 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Georgina Musa <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3803 SW 82nd Ave Apt 9	Amount 225.00
City State Zip Code Miami FL 33155-6710	Transaction ID : D450692 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Nina Villalonga <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 15285 SW 107th Ln Apt 201	Amount 150.00
City State Zip Code Miami FL 33196-4543	Transaction ID : D450693 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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07 / 15 / 2016

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Yanet Mendez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 5300 W 21st Ct Apt 212	Amount 187.50
City State Zip Code Hialeah FL 33016-2016	Transaction ID : D450695 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Gloria Restrepo <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 490 NE 2nd Ave Apt 1211	Amount 172.50
City State Zip Code Miami FL 33132	Transaction ID : D450697 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Financial Mgmt. Serv. of Canvassing Prog. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Sophya Cano <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 11763 SW 14th St	Amount 225.00
City State Zip Code Miami FL 33184-2511	Transaction ID : D450699 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Dixiana Duron Gonzalez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 101 SW 67th Ct	Amount 150.00
City State Zip Code Miami FL 33144-2917	Transaction ID : D450701 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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07 / 15 / 2016

Signature

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Beatrice Alvarez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 8887 SW 27th St	Amount 187.50
City State Zip Code Miami FL 33165-3203	Transaction ID : D450703 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Magaly Licon <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 15270 SW 104th St Apt 1-19	Amount 337.50
City State Zip Code Miami FL 33196-3205	Transaction ID : D450705 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Patrick Villalonga <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 15285 SW 107th Ln Apt 201	Amount 150.00
City State Zip Code Miami FL 33196-4543	Transaction ID : D450707 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Piery-Ann Guzman <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 13803 SW 114th Ter	Amount 37.50
City State Zip Code Miami FL 33186-9078	Transaction ID : D450709 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Victricia Chandler <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 20130 SW 104th Ct	Amount 39.67
City State Zip Code Cutler Bay FL 33189-1308	Transaction ID : D450714 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Operations Dir. Serv. 4/28-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Daniel Garcia <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 2514 NW 94th Ave	Amount 769.20
City State Zip Code Coral Springs FL 33065-4920	Transaction ID : D450716 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Quality Control Coord. Serv. 4/28-5/4, Disc. on 5/6 48-Hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Giovanny Navarro <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 8410 SW 150th Ave Apt 104	Amount 807.68
City State Zip Code Miami FL 33193-1419	Transaction ID : D450718 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Campaign Mgmt. Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Frank Bigus <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 9674 NW 10th Ave Lot H812	Amount 75.00
City State Zip Code Miami FL 33150-1839	Transaction ID : D455048 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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07 / 15 / 2016

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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Dariana Ortega Penalva <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 28 / 2016
Mailing Address 195 Grand Canal Dr	Amount <input type="text"/> 75.00
City State Zip Code Miami FL 33144-2527	Transaction ID : D455064 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/28-5/4, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/> 004
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Laura Pierre <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 04 / 20 / 2016
Mailing Address 2300 S Park Road Apt 12	Amount <input type="text"/> 75.00
City State Zip Code Hallandale FL 33009	Transaction ID : D455065 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 13 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 4/20-4/27, Disc. on 4/23 48-hr Report	Category/Type <input type="text"/> 004
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

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-----------------------------------------------------------	---------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Humberto Iglesias	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 8181 NW South River Drive Apt. A14		Amount <input type="text"/>
City Medley	State FL	Zip Code 33166
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/>	Transaction ID : D450090 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
36278.90		

Full Name of Payee Zulema Camacho	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 100 SW 83 Way Apt. 102		Amount <input type="text"/>
City Pembroke Pines	State FL	Zip Code 33025
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/>	Transaction ID : D450639 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
36278.90		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Gihan Perera
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Miladis Diaz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 9 E 4th St Apt 102	Amount 263.92
City State Zip Code Hialeah FL 33010-6258	Transaction ID : D450645 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Pedro Gonzalez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 915 NW 1st Ave Apt H2512	Amount 112.50
City State Zip Code Miami FL 33136-3560	Transaction ID : D450647 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

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NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Jose Miguel Gonzalez Ortiz <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 1321 NW 42 Street Rear	Amount 112.50
City State Zip Code Miami FL 33142	Transaction ID : D450649 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Alicia Alzuri <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 9214 SW 147 Ct.	Amount 319.38
City State Zip Code Miami FL 33196	Transaction ID : D450653 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC
FEC IDENTIFICATION NUMBER C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Viky Lara
Mailing Address 11960 Tuttle Blvd.
City Miami State FL Zip Code 33184
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report
Category/Type 004
Name of Federal Candidate DONALD J TRUMP
Office Sought: President
Disbursement For: General
Amount 112.50
Transaction ID : D450656
Date of Disbursement or Obligation 05/27/2016
Calendar Year-To-Date Per Election for Office Sought 36278.90

Full Name of Payee Jorge Macias
Mailing Address 7080 NW 174 Terrace Apt. 104
City Miami State FL Zip Code 33015
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report
Category/Type 004
Name of Federal Candidate DONALD J TRUMP
Office Sought: President
Disbursement For: General
Amount 112.50
Transaction ID : D450658
Date of Disbursement or Obligation 05/27/2016
Calendar Year-To-Date Per Election for Office Sought 36278.90

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature: Gihan Perera [Electronically Filed] Date: 07/15/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Julio Cesar Maldonado Rodriguez	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 7757 SW 86 Street Apt. C111	Amount 287.92
City State Zip Code Miami FL 33143	Transaction ID : D450660 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Maria Patricia Medina	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 3700 NW 62 Ave. Apt. 207	Amount 112.50
City State Zip Code Miami FL 33166	Transaction ID : D450662 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Xaviera Ramos <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 2406 San Remo Circle	Amount 322.19
City State Zip Code Homestead FL 33035	Transaction ID : D450664 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Henrietta Ricketts <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 10601 NW 17 Ave Apt 102	Amount 53.23
City State Zip Code Miami FL 33147	Transaction ID : D450666 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Juanita Romera <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 114 NE 83 Street	Amount 112.50
City State Zip Code Miami FL 33138	Transaction ID : D450668 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Ivan Zuleta <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 3501 W 11 Avenue Apt. 113	Amount 114.73
City State Zip Code Hialeah FL 33012	Transaction ID : D450670 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Ysis Perez <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016	
Mailing Address 20020 NW 64 Court		Amount 266.15	
City Hialeah	State FL	Zip Code 33015	Transaction ID : D450672
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Krizia Barker <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016	
Mailing Address 7540 Adventure Ave		Amount 187.50	
City North Bay Village	State FL	Zip Code 33141	Transaction ID : D450681
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Gloria Lopez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 701 NW 111th Ct Apt 2	Amount 225.00
City State Zip Code Miami FL 33172-3783	Transaction ID : D450684 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Lilian Ramirez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 8801 W Flagler St Apt 404	Amount 225.00
City State Zip Code Miami FL 33174-2424	Transaction ID : D450686 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Raul Vino		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3586 NW 41st St Lot D406		Amount <input type="text"/>	
City Miami	State FL	Zip Code 33142-4349	Transaction ID : D450691
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	36278.90

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Nina Villalonga		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 15285 SW 107th Ln Apt 201		Amount <input type="text"/>	
City Miami	State FL	Zip Code 33196-4543	Transaction ID : D450694
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	36278.90

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Signature Gihan Perera [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Yanet Mendez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 05 / 2016
Mailing Address 5300 W 21st Ct Apt 212	Amount <input type="text"/> 112.50
City State Zip Code Hialeah FL 33016-2016	Transaction ID : D450696 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/> 004
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gloria Restrepo <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 05 / 2016
Mailing Address 490 NE 2nd Ave Apt 1211	Amount <input type="text"/> 112.50
City State Zip Code Miami FL 33132	Transaction ID : D450698 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/> 004
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Sophya Cano <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 11763 SW 14th St	Amount 233.92
City State Zip Code Miami FL 33184-2511	Transaction ID : D450700 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Dixiana Duron Gonzalez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 101 SW 67th Ct	Amount 112.50
City State Zip Code Miami FL 33144-2917	Transaction ID : D450702 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gihan Perera [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Florida Freedom PAC
FEC IDENTIFICATION NUMBER
C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Beatrice Alvarez
Mailing Address: 8887 SW 27th St
City: Miami, State: FL, Zip Code: 33165-3203
Purpose of Expenditure: Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 05/05/2016
Amount: 112.50
Transaction ID: D450704
Date of Disbursement or Obligation: 05/27/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General

Full Name of Payee: Magaly Licona
Mailing Address: 15270 SW 104th St Apt 1-19
City: Miami, State: FL, Zip Code: 33196-3205
Purpose of Expenditure: Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report
Category/Type: 004
Date of Public Distribution/Dissemination: 05/05/2016
Amount: 150.00
Transaction ID: D450706
Date of Disbursement or Obligation: 05/27/2016
Name of Federal Candidate: DONALD J TRUMP
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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Signature: Gihan Perera
Date: 07/15/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Patrick Villalonga <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 15285 SW 107th Ln Apt 201	Amount 75.00
City State Zip Code Miami FL 33196-4543	Transaction ID : D450708 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Steve Luis <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 2341 SW 11 Street	Amount 74.03
City State Zip Code Miami FL 33135	Transaction ID : D450711 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Fncl. Mgmt. Serv. of Canvassing Prog. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
-----------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Daniel Garcia <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 05 / 2016
Mailing Address 2514 NW 94th Ave	Amount <input type="text"/> 384.60
City State Zip Code Coral Springs FL 33065-4920	Transaction ID : D450717 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 27 / 2016
Purpose of Expenditure Payment for Quality Control Coord. Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/> 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Giovanni Navarro <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 05 / 2016
Mailing Address 8410 SW 150th Ave Apt 104	Amount <input type="text"/> 403.84
City State Zip Code Miami FL 33193-1419	Transaction ID : D450719 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 27 / 2016
Purpose of Expenditure Payment for Campaign Mgmt. Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type <input type="text"/> 004
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date / /
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Alina Chavez <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 195 Grand Canal Drive	Amount 112.50
City State Zip Code Miami FL 33144	Transaction ID : D455054 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Emilio Fonseca <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 10130 SW 154th Circle Ct Apt 102	Amount 112.50
City State Zip Code Miami FL 33196-3793	Transaction ID : D455057 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Piery-Ann Guzman	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 13803 SW 114th Ter	Amount 75.00
City State Zip Code Miami FL 33186-9078	Transaction ID : D455059 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Georgina Musa	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 05 / 2016
Mailing Address 3803 SW 82nd Ave Apt 9	Amount 187.50
City State Zip Code Miami FL 33155-6710	Transaction ID : D455062 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Purpose of Expenditure Payment for Canvassing Serv. 5/5-5/15, Disc. on 5/6 48-hr Report	Category/Type 004
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 36278.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature