

# 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

**TREASURE COAST JOBS COALITION**

ADDRESS (number and street) 601 PENNSYLVANIA AVENUE NW

Check if different than previously reported. (ACC) NORTH BUILDING SUITE 1000

WASHINGTON DC 20004

2. **FEC IDENTIFICATION NUMBER ▼** C C00524793 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  **General (12G)**  Runoff (12R)

Convention (12C)  Special (12S)

Election on 11 / 06 / 2012 in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 James Tyrrell III

Signature of Treasurer James Tyrrell III *[Electronically Filed]* Date 10 / 25 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TREASURE COAST JOBS COALITION**

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="125644.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1076000.00"/>	<input type="text" value="2157000.00"/>
(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="1201644.05"/>	<input type="text" value="2157000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="534889.06"/>	<input type="text" value="1490245.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="666754.99"/>	<input type="text" value="666754.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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)

Write or Type Committee Name

**TREASURE COAST JOBS COALITION**

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

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).....	1076000.00	2157000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1076000.00	2157000.00
(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) .....	1076000.00	2157000.00
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))..... ▶	1076000.00	2157000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1076000.00	2157000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	59270.00	75930.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	59270.00	75930.15
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) .....	475619.06	1414314.86
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)) ..	534889.06	1490245.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	534889.06	1490245.01

**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) .....	1076000.00	2157000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1076000.00	2157000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	59270.00	75930.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59270.00	75930.15

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

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

FOR LINE NUMBER: PAGE 6 OF 15  
(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)  
**TREASURE COAST JOBS COALITION**

**A. Dr. Miriam Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3355 Las Vegas Blvd. S.  
 City Las Vegas State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adelson Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt  
 10 / 11 / 2012  
**Transaction ID : SA11AI.4162**  
 Amount of Each Receipt this Period  
 250000.00

**B. Dr. Miriam Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3355 Las Vegas Blvd. S.  
 City Las Vegas State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adelson Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt  
 10 / 12 / 2012  
**Transaction ID : SA11AI.4164**  
 Amount of Each Receipt this Period  
 250000.00

**C. Sheldon Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3355 Las Vegas Blvd. S.  
 City Las Vegas State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Vegas Sands Corp. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt  
 10 / 11 / 2012  
**Transaction ID : SA11AI.4165**  
 Amount of Each Receipt this Period  
 250000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 15  
(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)  
**TREASURE COAST JOBS COALITION**

**A. Sheldon Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3355 Las Vegas Blvd. S.  
 City Las Vegas State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Vegas Sands Corp. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.4167**  
 Amount of Each Receipt this Period  
 250000.00

**B. Susan Ale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4930 SW 198 Terrace  
 City Southwest Ranches State FL Zip Code 33332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Debonair Mechanical Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2012  
**Transaction ID : SA11AI.4156**  
 Amount of Each Receipt this Period  
 1000.00

**C. Herbert Siegel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 East 59th Street Suite 22B  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 62500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : SA11AI.4160**  
 Amount of Each Receipt this Period  
 50000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 301000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**TREASURE COAST JOBS COALITION**

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

Mailing Address 55 East 59th Street  
#22B

City New York State NY Zip Code 10022

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

Name of Employer n/a Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
25000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1076000.00

**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)  
**TREASURE COAST JOBS COALITION**

Full Name (Last, First, Middle Initial)

**A. Berkowitz Public Affairs**

Mailing Address 1329 K St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Research Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4180**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4181**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Clark Hill PLC**

Mailing Address 601 Pennsylvania Avenue NW  
Suite 1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4179**

Amount of Each Disbursement this Period

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

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

**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)  
**TREASURE COAST JOBS COALITION**

Full Name (Last, First, Middle Initial)

**A. GS Strategy Group**

Mailing Address 350 N. 9th Street  
Suite 550

City Boise State ID Zip Code 83702

Purpose of Disbursement  
Survey Research Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2012

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period

19000.00

Full Name (Last, First, Middle Initial)

**B. Mercury Public Affairs LLC**

Mailing Address 137 Fifth Avenue  
3rd Floor

City New York State NY Zip Code 10010

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2012

Transaction ID : SB21B.4175

Amount of Each Disbursement this Period

3300.00

Full Name (Last, First, Middle Initial)

**C. Mercury Public Affairs LLC**

Mailing Address 137 Fifth Avenue  
3rd Floor

City New York State NY Zip Code 10010

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

Transaction ID : SB21B.4176

Amount of Each Disbursement this Period

30120.00

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

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

52420.00

59270.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TREASURE COAST JOBS COALITION</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524793
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Mercury Public Affairs LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 01 / 2012</b>
Mailing Address 137 Fifth Avenue 3rd Floor		Amount <span style="margin-left: 20px;">9416.22</span>
City New York	State NY	Zip Code 10010
Purpose of Expenditure Direct Mail Production	Category/ Type	<b>Transaction ID : SE.4168</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">948112.02</span>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Mercury Public Affairs LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 05 / 2012</b>
Mailing Address 137 Fifth Avenue 3rd Floor		Amount <span style="margin-left: 20px;">11059.68</span>
City New York	State NY	Zip Code 10010
Purpose of Expenditure Direct Mail Production	Category/ Type	<b>Transaction ID : SE.4170</b>
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">973519.96</span>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">20475.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*James Tyrrell III*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TREASURE COAST JOBS COALITION</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00524793</span> </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 (Last, First, Middle Initial) of Payee <b>Mercury Public Affairs LLC</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 15 / 2012</span> </div>
Mailing Address 137 Fifth Avenue 3rd Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">9632.70</span> </div>
City State Zip Code New York NY 10010		
Purpose of Expenditure Direct Mail Production	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1372210.54</span> </div>		Transaction ID : <b>SE.4172</b>

Full Name (Last, First, Middle Initial) of Payee <b>Mercury Public Affairs LLC</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 17 / 2012</span> </div>
Mailing Address 137 Fifth Avenue 3rd Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">10883.18</span> </div>
City State Zip Code New York NY 10010		
Purpose of Expenditure Direct Mail Production	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1397441.98</span> </div>		Transaction ID : <b>SE.4174</b>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">20515.88</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

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.

*James Tyrrell III*  
 Signature

[Electronically Filed]    Date 10 / 25 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TREASURE COAST JOBS COALITION</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524793
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 (Last, First, Middle Initial) of Payee <b>Smart Media Group LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>
Mailing Address <b>814 King Street</b> <b>Suite 400</b>		Amount <b>372185.00</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SE.4183</b>	
Purpose of Expenditure <b>Media Buy</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1362577.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>USPS</b>		Date MM / DD / YYYY <b>10 / 01 / 2012</b>
Mailing Address <b>3200 Summit Blvd.</b>		Amount <b>14348.26</b>
City <b>West Palm Beach</b> State <b>FL</b> Zip Code <b>33416</b>	<b>Transaction ID : SE.4169</b>	
Purpose of Expenditure <b>Direct Mail Postage</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: <b>FL</b> <input type="checkbox"/> Senate      District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>962460.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>386533.26</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*James Tyrrell III*

Signature \_\_\_\_\_ [Electronically Filed]      Date **10 / 25 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TREASURE COAST JOBS COALITION</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524793
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 (Last, First, Middle Initial) of Payee <b>USPS</b>		Date MM / DD / YYYY <b>10 / 05 / 2012</b>	
Mailing Address 3200 Summit Blvd.		Amount <b>16872.88</b>	
City West Palm Beach	State FL	Zip Code 33416	
Purpose of Expenditure Direct Mail Postage	Category/ Type	<b>Transaction ID : SE.4171</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
<b>990392.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>USPS</b>		Date MM / DD / YYYY <b>10 / 15 / 2012</b>	
Mailing Address 3200 Summit Blvd.		Amount <b>14348.26</b>	
City West Palm Beach	State FL	Zip Code 33416	
Purpose of Expenditure Direct Mail Postage	Category/ Type	<b>Transaction ID : SE.4173</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
<b>1386558.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>31221.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*James Tyrrell III*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 25 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TREASURE COAST JOBS COALITION</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524793
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 (Last, First, Middle Initial) of Payee <b>USPS</b>		Date MM / DD / YYYY <b>10 / 17 / 2012</b>
Mailing Address <b>3200 Summit Blvd.</b>		Amount <b>16872.88</b>
City <b>West Palm Beach</b>	State <b>FL</b>	
Zip Code <b>33416</b>	<b>Transaction ID : SE.4182</b>	
Purpose of Expenditure <b>Direct Mail Postage</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PATRICK MURPHY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1414314.86</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>16872.88</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
<b>(c) TOTAL</b> Independent Expenditures.....▶	<b>475619.06</b>

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.

*James Tyrrell III*

Signature \_\_\_\_\_ [Electronically Filed]    Date **10 / 25 / 2012**