

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Lois Frankel for Congress

ADDRESS (number and street) PO Box 775
 Check if different than previously reported. (ACC) West Palm Beach FL 33401

2. **FEC IDENTIFICATION NUMBER** C C00494856 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT
FL 22

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

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

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
11 / 27 / 2012 through 12 / 31 / 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 Judith Zamore
Signature of Treasurer Judith Zamore *[Electronically Filed]* Date MM / DD / YYYY
01 / 31 / 2013

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 42

Write or Type Committee Name

Lois Frankel for Congress

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 28201.21 | 34237.91 |
| (b) Total Contribution Refunds (from Line 20(d)) | 100.00 | 1850.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 28101.21 | 32387.91 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 102528.77 | 130381.56 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 3182.20 | 3182.20 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 99346.57 | 127199.36 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 43350.08 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 112550.80 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lois Frankel for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 7900.00 | 8400.00 |
| (ii) Unitemized..... | 3959.61 | 4545.79 |
| (iii) TOTAL of contributions from individuals ▶ | 11859.61 | 12945.79 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 16200.00 | 21008.92 |
| (d) The Candidate..... | 141.60 | 283.20 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 28201.21 | 34237.91 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 144.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 20000.00 | 20000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 20000.00 | 20000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 3182.20 | 3182.20 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.17 | 0.17 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 51383.58 | 57564.28 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 102528.77 | 130381.56 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 30000.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 30000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 100.00 | 1850.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 100.00 | 1850.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 102628.77 | 162231.56 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 94595.27 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 51383.58 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 145978.85 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 102628.77 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 43350.08 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 42 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
David S. Wolnek

Mailing Address 9451 NW 3rd St

City State Zip Code
Coral Springs FL 33071-7305

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

Name of Employer Occupation
After School Programs, Inc. Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : C9108552

Amount of Each Receipt this Period
500.00

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

Mailing Address 7000 Lions Head Ln

City State Zip Code
Boca Raton FL 33496-5931

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

Name of Employer Occupation
Miami Subs Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : C9108554

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James J. Byrnes M.D.

Mailing Address 245 S Country Club Blvd

City State Zip Code
Boca Raton FL 33487-2326

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C9112974

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 42 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
Lorraine Celestino Wilde

Mailing Address 2224 SE 7th St

City Pompano Beach State FL Zip Code 33062-6404

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

Name of Employer Tri-County Transportation Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108534

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Nancy M. Camillo

Mailing Address 296 NW 119th Ln

City Coral Springs State FL Zip Code 33071-8031

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108544

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2887 Banyan Boulevard Cir NW

City Boca Raton State FL Zip Code 33431-6326

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

Name of Employer Blockbuster Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : C9112975

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 7 OF 42
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
Neil Schiller

Mailing Address 17960 Villa Club Way

City State Zip Code
Boca Raton FL 33496-1030

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

Name of Employer Occupation
Becker Poliakoff Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108535

Amount of Each Receipt this Period
1000.00

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

Mailing Address 18279 Long Lake Dr

City State Zip Code
Boca Raton FL 33496-1930

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

Name of Employer Occupation
Self Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108555

Amount of Each Receipt this Period
500.00

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

Mailing Address 3741 N 47th Ave

City State Zip Code
Hollywood FL 33021-2212

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

Name of Employer Occupation
Becker & Poliakoff, P.A. Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108536

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 42
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
Leslee Shooster

Mailing Address 18279 Long Lake Dr

City State Zip Code
Boca Raton FL 33496-1930

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

Name of Employer Occupation
R/S Associates of Florida Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108556

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mark Robert Vogel

Mailing Address 3389 Sheridan St
Apt 424

City State Zip Code
Hollywood FL 33021-3606

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

Name of Employer Occupation
Mark R. Vogel, P.A. Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108557

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Karen N. Caputo

Mailing Address 2631 Garfield St

City State Zip Code
Hollywood FL 33020-3317

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108547

Amount of Each Receipt this Period
400.00

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

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

1400.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 42 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
Ronald M. Bergeron Sr.

Mailing Address 19612 SW 69th Pl

City Fort Lauderdale State FL Zip Code 33332-1618

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

Name of Employer: Bergeron Properties & Investment Corp. Occupation: Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2012

Transaction ID : C9109917

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2600 Castilla Isle

City Fort Lauderdale State FL Zip Code 33301-1594

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

Name of Employer: Merrimac Ventures Occupation: CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108548

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1500.00

7900.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 42 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
ISLE OF CAPRI CASINOS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 600 Emerson Rd
Ste 300

City State Zip Code
Creve Coeur MO 63141-6762

FEC ID number of contributing federal political committee. **C C00323311**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : C9108550

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
PROFESSIONAL SERVICE INDUSTRIES INC POLITICAL ACTION COMMITTEE (PSI PAC)

Mailing Address 2350 Kerner Blvd
Ste 250

City State Zip Code
San Rafael CA 94901-5596

FEC ID number of contributing federal political committee. **C C00498527**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : C9108562

Amount of Each Receipt this Period
200.00

2012 General Debt

C. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 John F Kennedy Blvd
Fl 49

City State Zip Code
Philadelphia PA 19103-2855

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C9108943

Amount of Each Receipt this Period
2500.00

2012 General Debt

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

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

4700.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 42 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 Pennsylvania Ave NW
Ste 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
1000.00

Date of Receipt
12 / 27 / 2012

Transaction ID : C9110874

Amount of Each Receipt this Period
1000.00

2012 General Debt

B. Full Name (Last, First, Middle Initial)
Jobs, Opportunites and Education PAC (JOE-PAC)

Mailing Address 50 E St SE
Ste 1

City Washington State DC Zip Code 20003-2620

FEC ID number of contributing federal political committee. **C C00362384**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
2000.00

Date of Receipt
12 / 04 / 2012

Transaction ID : C9107945

Amount of Each Receipt this Period
2000.00

2012 General Debt

C. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE

Mailing Address 601 13th St NW
Ste 580

City Washington State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
500.00

Date of Receipt
12 / 12 / 2012

Transaction ID : C9108945

Amount of Each Receipt this Period
500.00

2012 General Debt

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

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

3500.00

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

| | | | |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 42 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2012

Transaction ID : C9110057

Amount of Each Receipt this Period
 2500.00

2012 General Debt

B. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 800 17th St NW Ste 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2012

Transaction ID : C9104248

Amount of Each Receipt this Period
 1000.00

2012 General Debt

C. Full Name (Last, First, Middle Initial)
NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 Sheridan St Apt 424

City Hollywood State FL Zip Code 33021-3606

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C9108559

Amount of Each Receipt this Period
 2500.00

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

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

6000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 42 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 15th St NW
Ste 430
City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2012
Transaction ID : C9104249

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave NW
City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Debt General
Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2012
Transaction ID : C9110879

Amount of Each Receipt this Period
1000.00

2012 General Debt

Full Name (Last, First, Middle Initial)

Mailing Address
City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

2000.00
16200.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 42 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial)
Lois J. Frankel

Mailing Address 4 Interlachen Cir

City West Palm Beach State FL Zip Code 33401-1021

FEC ID number of contributing federal political committee. **C** H2FL22080

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20283.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : C9125896

Amount of Each Receipt this Period
141.60

* In-Kind: Telephone

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

141.60

141.60

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 42 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) Florida Power & Light Co | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2012 | |
| Mailing Address General Mail Facility | | Transaction ID : C9108581 | |
| City Miami | State FL | Zip Code 33188-0001 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 183.38 | |
| Name of Employer Occupation | | Refunded Deposit | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt General | | Election Cycle-to-Date 236.35 | |

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) Florida Power & Light Co | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 | |
| Mailing Address General Mail Facility | | Transaction ID : C9113136 | |
| City Miami | State FL | Zip Code 33188-0001 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 52.97 | |
| Name of Employer Occupation | | Overpayment Refund | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt General | | Election Cycle-to-Date 236.35 | |

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) City of Lake Worth | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2012 | |
| Mailing Address 7 N Dixie Hwy | | Transaction ID : C9110877 | |
| City Lake Worth | State FL | Zip Code 33460-3725 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 295.85 | |
| Name of Employer Occupation | | Refunded Deposit | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt General | | Election Cycle-to-Date 295.85 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 532.20 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 42 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Art Haus, LLC | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 5114 Okeechobee Blvd Ste 104 | | Transaction ID : C9107638 |
| City West Palm Beach | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2550.00 |
| Name of Employer | Occupation | Refunded Deposit |
| Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt General | Election Cycle-to-Date 2550.00 | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | |
| FEC ID number of contributing federal political committee. C | | Refunded Deposit |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | |
| FEC ID number of contributing federal political committee. C | | Refunded Deposit |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2550.00 |
| TOTAL This Period (last page this line number only)..... | 3082.20 |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Blind Monk | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 410 Evernia St Ste 107 | | Amount of Each Disbursement this Period 374.82 |
| City West Palm Beach | State FL Zip Code 33401-5431 | |
| Purpose of Disbursement Catering | Candidate Name | Transaction ID : D429300 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012 |
| Mailing Address PO Box 4003 | | Amount of Each Disbursement this Period 26.50 |
| City Acworth | State GA Zip Code 30101-9004 | |
| Purpose of Disbursement Telephone | Candidate Name | Transaction ID : D429890 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Lois J. Frankel | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012 |
| Mailing Address 4 Interlachen Cir | | Amount of Each Disbursement this Period 141.60 |
| City West Palm Beach | State FL Zip Code 33401-1021 | |
| Purpose of Disbursement Telephone | Candidate Name Lois J. Frankel | Transaction ID : D431570 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: FL District: 22 | Category/Type | * In-Kind Received |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 542.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Salsa Labs | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012 |
| Mailing Address 1700 Connecticut Ave NW Ste 403 | | Amount of Each Disbursement this Period 350.00 |
| City Washington | State DC | |
| Zip Code 20009-1169 | | Transaction ID : D428100 |
| Purpose of Disbursement Email Services | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 3060 Williams Dr Ste 200 | | Amount of Each Disbursement this Period 17496.99 |
| City Fairfax | State VA | |
| Zip Code 22031-4642 | | Transaction ID : D426261 |
| Purpose of Disbursement Payroll Taxes | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Ethan Elgrably | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 1016 Clearwater PI | | Amount of Each Disbursement this Period 500.00 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | | Transaction ID : D426281 |
| Purpose of Disbursement Fellowship Stipend | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 18346.99 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 20 OF 42 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

A. US Airways

Full Name (Last, First, Middle Initial)
Mailing Address 111 W Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281-2880

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 18 / 2012

Amount of Each Disbursement this Period
401.60

Transaction ID : D428171

B. Paychex

Full Name (Last, First, Middle Initial)
Mailing Address 3060 Williams Dr
Ste 200

City State Zip Code
Fairfax VA 22031-4642

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 30 / 2012

Amount of Each Disbursement this Period
110.10

Transaction ID : D426262

c. Alex Guiden

Full Name (Last, First, Middle Initial)
Mailing Address 1016 Clearwater PI

City State Zip Code
West Palm Beach FL 33401-5013

Purpose of Disbursement
Fellowship Stipend

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 03 / 2012

Amount of Each Disbursement this Period
500.00

Transaction ID : D426282

SUBTOTAL of Disbursements This Page (optional)..... 1011.70

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jillian Shweiki | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 | | |
| Mailing Address 1016 Clearwater Pl | | | Amount of Each Disbursement this Period 500.00 | | |
| City West Palm Beach | State FL | Zip Code 33401-5013 | Transaction ID : D426283 | | |
| Purpose of Disbursement Fellowship Stipend | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Capitol Compliance Associates, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012 | | |
| Mailing Address 709A 8th St SE | | | Amount of Each Disbursement this Period 5000.00 | | |
| City Washington | State DC | Zip Code 20003-3191 | Transaction ID : D426563 | | |
| Purpose of Disbursement Compliance & Accounting Services | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Bank of America | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012 | | |
| Mailing Address PO Box 830175 | | | Amount of Each Disbursement this Period 126.23 | | |
| City Dallas | State TX | Zip Code 75283-0175 | Transaction ID : D430084 | | |
| Purpose of Disbursement Bank Fees | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5626.23 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 22 OF 42 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lyndsey Romick | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 1016 Clearwater Pl | | Amount of Each Disbursement this Period 500.00 Transaction ID : D426284 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Fellowship Stipend | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Comcast | | Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012 |
| Mailing Address PO Box 105184 | | Amount of Each Disbursement this Period 7.16 Transaction ID : D427554 |
| City Atlanta | State GA | |
| Zip Code 30348-5184 | Purpose of Disbursement Telecommunications Services | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Print America | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012 |
| Mailing Address 1286 N Military Trl | | Amount of Each Disbursement this Period 309.23 Transaction ID : D428094 |
| City West Palm Beach | State FL | |
| Zip Code 33409-6015 | Purpose of Disbursement Printing | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 816.39 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 3060 Williams Dr Ste 200 | | Amount of Each Disbursement this Period 88.00 |
| City Fairfax | State VA | |
| Zip Code 22031-4642 | Purpose of Disbursement Payroll Services | Transaction ID : D428414 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Michelle McGrain | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 1016 Clearwater PI | | Amount of Each Disbursement this Period 500.00 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Fellowship Stipend | Transaction ID : D426285 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Victor Baten | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 1016 Clearwater PI | | Amount of Each Disbursement this Period 600.00 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Fellowship Stipend | Transaction ID : D426286 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1188.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 3060 Williams Dr Ste 200 | | Amount of Each Disbursement this Period 3987.91 |
| City Fairfax | State VA | |
| Zip Code 22031-4642 | Purpose of Disbursement Payroll Taxes | Transaction ID : D428416 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Express Establishment Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012 |
| Mailing Address PO Box 53853 | | Amount of Each Disbursement this Period 207.80 |
| City Phoenix | State AZ | |
| Zip Code 85072-3853 | Purpose of Disbursement Credit Card Processing Fees | Transaction ID : D429677 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Anthony Parets | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 2354 NE 28th St | | Amount of Each Disbursement this Period 1000.00 |
| City Lighthouse Point | State FL | |
| Zip Code 33064-8236 | Purpose of Disbursement Fellowship Stipend | Transaction ID : D426287 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5195.71 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 25 OF 42 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. City of Lake Worth | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012 |
| Mailing Address 7 N Dixie Hwy | | Amount of Each Disbursement this Period 23.63 Transaction ID : D426447 |
| City Lake Worth | State FL | |
| Zip Code 33460-3725 | Purpose of Disbursement Utilities | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. CitiBank | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012 |
| Mailing Address 600 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 121.92 Transaction ID : D429678 |
| City Washington | State DC | |
| Zip Code 20003-4316 | Purpose of Disbursement Bank Fees | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address PO Box 6010 | | Amount of Each Disbursement this Period 230.40 Transaction ID : D429888 |
| City Hagerstown | State MD | |
| Zip Code 21741-6010 | Purpose of Disbursement Credit Card Processing Fees | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 375.95 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 42 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michelle McGrain | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address 1016 Clearwater Pl | | Amount of Each Disbursement this Period 32.70 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Reimburse Travel | Transaction ID : D426288 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Comcast | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012 |
| Mailing Address PO Box 105184 | | Amount of Each Disbursement this Period 343.30 |
| City Atlanta | State GA | |
| Zip Code 30348-5184 | Purpose of Disbursement Telecommunications Services | Transaction ID : D426448 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012 |
| Mailing Address PO Box 6010 | | Amount of Each Disbursement this Period 23.45 |
| City Hagerstown | State MD | |
| Zip Code 21741-6010 | Purpose of Disbursement Credit Card Processing Fees | Transaction ID : D429889 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 399.45 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CitiBank | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012 |
| Mailing Address 600 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 10.00 |
| City Washington | State DC | |
| Zip Code 20003-4316 | Purpose of Disbursement Bank Fees | Transaction ID : D430089 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Comcast | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012 |
| Mailing Address PO Box 105184 | | Amount of Each Disbursement this Period 107.37 |
| City Atlanta | State GA | |
| Zip Code 30348-5184 | Purpose of Disbursement Telecommunications Services | Transaction ID : D426289 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2012 |
| Mailing Address 111 W Rio Salado Pkwy | | Amount of Each Disbursement this Period 498.60 |
| City Tempe | State AZ | |
| Zip Code 85281-2880 | Purpose of Disbursement Travel | Transaction ID : D429679 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 615.97 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 3060 Williams Dr Ste 200 | | Amount of Each Disbursement this Period 48356.61 |
| City Fairfax | State VA | |
| Zip Code 22031-4642 | Purpose of Disbursement Payroll | Transaction ID : D426263 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Krista Ziehler | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 1189 Bay Dr E | | Amount of Each Disbursement this Period 856.62 |
| City Indian Harbour Beach | State FL | |
| Zip Code 32937-4201 | Purpose of Disbursement Salary | Transaction ID : D426280 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Dana Bye | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address PO Box 775 | | Amount of Each Disbursement this Period 1346.50 |
| City West Palm Beach | State FL | |
| Zip Code 33402-0775 | Purpose of Disbursement Salary | Transaction ID : D426270 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 48356.61 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jenny M. Ceasar | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 11533 Terra Bella Blvd | | Amount of Each Disbursement this Period 1887.00 |
| City Plantation | State FL | |
| Zip Code 33325-2940 | Purpose of Disbursement Salary | Transaction ID : D426271 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Nick M. Clarksen | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 310 S Dixie Hwy | | Amount of Each Disbursement this Period 2882.04 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5838 | Purpose of Disbursement Salary | Transaction ID : D426272 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Joshua H. Karp | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 100 S Hanover Ave | | Amount of Each Disbursement this Period 4001.46 |
| City Norfolk | State VA | |
| Zip Code 23508 | Purpose of Disbursement Salary | Transaction ID : D426273 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Karissa M. Barnett | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 20663 Green Leaf Ct | | Amount of Each Disbursement this Period 513.50 |
| City Cupertino | State CA | Zip Code 95014-1977 |
| Purpose of Disbursement Salary | Category/Type | |
| Candidate Name | Transaction ID : D426264 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Myles A. Koven | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 75 Locust Dr | | Amount of Each Disbursement this Period 471.33 |
| City Huntingdon Valley | State PA | Zip Code 19006-4142 |
| Purpose of Disbursement Salary | Category/Type | |
| Candidate Name | Transaction ID : D426274 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Brandt McCool | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 2065 Douglass Blvd | | Amount of Each Disbursement this Period 4774.12 |
| City Louisville | State KY | Zip Code 40205-1927 |
| Purpose of Disbursement Salary | Category/Type | |
| Candidate Name | Transaction ID : D426275 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michael McCunniff Reid | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 1016 Clearwater Pl | | Amount of Each Disbursement this Period 7739.21 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Salary | Transaction ID : D426276 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Molly Perkins | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 7127 Goldengate Dr | | Amount of Each Disbursement this Period 2982.87 |
| City Cincinnati | State OH | |
| Zip Code 45244-4106 | Purpose of Disbursement Salary | Transaction ID : D426277 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Simon G. Baugher | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 1016 Clearwater Pl | | Amount of Each Disbursement this Period 4001.46 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Salary | Transaction ID : D426268 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Justin A. Strekal | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 3175 Corydon Rd | | Amount of Each Disbursement this Period 1697.63 |
| City Cleveland | State OH | Zip Code 44118-3501 |
| Purpose of Disbursement Salary | Category/Type | |
| Candidate Name | Transaction ID : D426278 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jonathon G. Bray | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 701 I St NE | | Amount of Each Disbursement this Period 12664.25 |
| City Washington | State DC | Zip Code 20002-3630 |
| Purpose of Disbursement Salary | Category/Type | |
| Candidate Name | Transaction ID : D426269 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Claire Teitelman | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012 |
| Mailing Address 437 Hillside Pl | | Amount of Each Disbursement this Period 2538.62 |
| City South Orange | State NJ | Zip Code 07079-2904 |
| Purpose of Disbursement Salary | Category/Type | |
| Candidate Name | Transaction ID : D426279 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michael McCunniff Reid | | Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012 |
| Mailing Address 1016 Clearwater Pl | | Amount of Each Disbursement this Period 455.77 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Reimbursement | Transaction ID : D427548 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. United States Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012 |
| Mailing Address 3200 Summit Blvd | | Amount of Each Disbursement this Period 263.00 |
| City West Palm Beach | State FL | |
| Zip Code 33416-3599 | Purpose of Disbursement Postage | Transaction ID : D427550 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. United States Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012 |
| Mailing Address 3200 Summit Blvd | | Amount of Each Disbursement this Period 18.95 |
| City West Palm Beach | State FL | |
| Zip Code 33416-3599 | Purpose of Disbursement Postage | Transaction ID : D427549 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 455.77 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|--|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 34 OF 42 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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)
Lois Frankel for Congress

A. InFact Communications

Full Name (Last, First, Middle Initial)
Mailing Address 1150 K St NW Ste 109

City Washington State DC Zip Code 20005-6800

Purpose of Disbursement Communications Consulting & Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 18 / 2012

Amount of Each Disbursement this Period: 6455.87

Transaction ID : D428095

B. AirTran Airways

Full Name (Last, First, Middle Initial)
Mailing Address 1800 Phoenix Blvd Ste 104

City Atlanta State GA Zip Code 30349-5555

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 18 / 2012

Amount of Each Disbursement this Period: 805.60

Transaction ID : D428110

[MEMO ITEM]

c. InFact Communications

Full Name (Last, First, Middle Initial)
Mailing Address 1150 K St NW Ste 109

City Washington State DC Zip Code 20005-6800

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 18 / 2012

Amount of Each Disbursement this Period: 5500.00

Transaction ID : D428096

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 6455.87

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 3060 Williams Dr Ste 200 | | Amount of Each Disbursement this Period 12714.91 |
| City Fairfax | State VA | |
| Zip Code 22031-4642 | Purpose of Disbursement Payroll | Transaction ID : D428417 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jonathon G. Bray | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 701 I St NE | | Amount of Each Disbursement this Period 4236.25 |
| City Washington | State DC | |
| Zip Code 20002-3630 | Purpose of Disbursement Salary | Transaction ID : D428420 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Michael McCunniff Reid | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 1016 Clearwater Pl | | Amount of Each Disbursement this Period 4348.21 |
| City West Palm Beach | State FL | |
| Zip Code 33401-5013 | Purpose of Disbursement Salary | Transaction ID : D428421 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 12714.91 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 42 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Felicia Goldstein | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012 |
| Mailing Address 10921 Haydn Dr | | Amount of Each Disbursement this Period 4130.45 |
| City Boca Raton | State FL Zip Code 33498-6749 | |
| Purpose of Disbursement Salary | Candidate Name | Transaction ID : D428419 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | | |
|--|------------------|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|------------------|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|------------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 102102.47 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Lois Frankel for Congress** Transaction ID : **L874**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Lois J. Frankel PERS FUNDS Primary
 Mailing Address 4 Interlachen Cir General
 Other (specify) ▼

City State ZIP Code
 West Palm Beach FL 33401-1021

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 20000.00 |
|-------------------------------------|------------------------------------|---|

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y 2012 M^M / D^D / Y^Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|---------------------------------------|
| SUBTOTALS This Period This Page (optional)..... | <input type="text" value="20000.00"/> |
| TOTALS This Period (last page in this line only)..... | <input type="text" value="20000.00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | |
|---|---------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blind Monk | Nature of Debt (Purpose): Catering |
| Mailing Address 410 Evernia St Ste 107 | |
| City State Zip Code West Palm Beach FL 33401-5431 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 314.82 | Transaction ID : D423115 | |
| Amount Incurred This Period 60.00 | Payment This Period 374.82 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Message & Media | Nature of Debt (Purpose): Win Bonus |
| Mailing Address 100 Albany St | |
| City State Zip Code New Brunswick NJ 08901-2179 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 45661.56 | Transaction ID : D425817 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 45661.56 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Compliance Associates, Inc. | Nature of Debt (Purpose): Compliance & Accounting Services |
| Mailing Address 709A 8th St SE | |
| City State Zip Code Washington DC 20003-3191 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 15000.00 | Transaction ID : D425809 | |
| Amount Incurred This Period 0.00 | Payment This Period 5000.00 | Outstanding Balance at Close of This Period 10000.00 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 55661.56 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Paychex

Nature of Debt (Purpose):
Payroll & Taxes

Mailing Address 3060 Williams Dr
Ste 200

City State Zip Code
Fairfax VA 22031-4642

Outstanding Balance Beginning This Period
65853.60

Transaction ID : D425720

Amount Incurred This Period 0.00 Payment This Period 65853.60 Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
InFact Communications

Nature of Debt (Purpose):
Debate Preparation Consulting & Travel

Mailing Address 1150 K St NW
Ste 109

City State Zip Code
Washington DC 20005-6800

Outstanding Balance Beginning This Period
6455.87

Transaction ID : D425820

Amount Incurred This Period 0.00 Payment This Period 6455.87 Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Anthony Paretis

Nature of Debt (Purpose):
Fellowship Stipend

Mailing Address 2354 NE 28th St

City State Zip Code
Lighthouse Point FL 33064-8236

Outstanding Balance Beginning This Period
1000.00

Transaction ID : D425928

Amount Incurred This Period 0.00 Payment This Period 1000.00 Outstanding Balance at Close of This Period 0.00

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

0.00

0.00

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Michelle McGrain

Nature of Debt (Purpose):
Fellowship Stipend

Mailing Address 1016 Clearwater PI

City State Zip Code
West Palm Beach FL 33401-5013

Outstanding Balance Beginning This Period
500.00

Transaction ID : D425811

Amount Incurred This Period 0.00 Payment This Period 500.00 Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ethan Elgrably

Nature of Debt (Purpose):
Fellowship Stipend

Mailing Address 1016 Clearwater PI

City State Zip Code
West Palm Beach FL 33401-5013

Outstanding Balance Beginning This Period
500.00

Transaction ID : D425812

Amount Incurred This Period 0.00 Payment This Period 500.00 Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alex Guiden

Nature of Debt (Purpose):
Fellowship Stipend

Mailing Address 1016 Clearwater PI

City State Zip Code
West Palm Beach FL 33401-5013

Outstanding Balance Beginning This Period
500.00

Transaction ID : D425813

Amount Incurred This Period 0.00 Payment This Period 500.00 Outstanding Balance at Close of This Period 0.00

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

0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lois Frankel for Congress

| | | |
|--|---------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jillian Shweiki | | Nature of Debt (Purpose): Fellowship Stipend |
| Mailing Address 1016 Clearwater Pl | | |
| City State | Zip Code | |
| West Palm Beach | FL 33401-5013 | |

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D425814 | |
| <input type="text" value="500.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="500.00"/> | <input type="text" value="0.00"/> |

| | | |
|---|---------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lyndsey Romick | | Nature of Debt (Purpose): Fellowship Stipend |
| Mailing Address 1016 Clearwater Pl | | |
| City State | Zip Code | |
| West Palm Beach | FL 33401-5013 | |

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D425810 | |
| <input type="text" value="500.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="500.00"/> | <input type="text" value="0.00"/> |

| | | |
|--|------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 4C Partners LLC | | Nature of Debt (Purpose): Win Bonus |
| Mailing Address 501 3rd St NW Ste 200 | | |
| City State | Zip Code | |
| Washington DC | 20001-2730 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D425818 | |
| <input type="text" value="25000.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="25000.00"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="25000.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lois Frankel for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

4C Partners LLC

Nature of Debt (Purpose):

Strategic Consulting & Travel

Mailing Address 501 3rd St NW
Ste 200

City State Zip Code
Washington DC 20001-2730

Outstanding Balance Beginning This Period

11889.24

Transaction ID : D427629

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11889.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Victor Baten

Nature of Debt (Purpose):

Fellowship Stipend

Mailing Address 1016 Clearwater Pl

City State Zip Code
West Palm Beach FL 33401-5013

Outstanding Balance Beginning This Period

600.00

Transaction ID : D425815

Amount Incurred This Period

0.00

Payment This Period

600.00

Outstanding Balance at Close of This Period

0.00

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) ▶

11889.24

2) **TOTALS** This Period (last page this line number only) ▶

92550.80

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

20000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

112550.80