

# 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

Friends of Trey Radel

ADDRESS (number and street)

PO Box 1329

Check if different than previously reported. (ACC)

Fort Myers

FL

33902

2. FEC IDENTIFICATION NUMBER ▼

C C00510768

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Cabell Hobbs

Signature of Treasurer Cabell Hobbs

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Trey Radel**

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))....	62755.18	367829.93
(b) Total Contribution Refunds (from Line 20(d)) .....	1050.00	4050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61705.18	363779.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	55229.25	279438.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	1476.74	1487.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53752.51	277950.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	263683.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	206000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Trey Radel**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34600.00	89975.00
(ii) Unitemized .....	2055.18	14134.54
(iii) TOTAL of contributions from individuals .....	36655.18	104109.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	26100.00	263720.39
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	62755.18	367829.93
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	18200.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1476.74	1487.64
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	64231.92	387517.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55229.25	279438.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1050.00	1050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1050.00	4050.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	56279.25	283488.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	255730.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	64231.92
25. SUBTOTAL (add Line 23 and Line 24).....	319962.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56279.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	263683.11

**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 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD ALMEIDA**

Mailing Address 19473 SE 55TH ST

City MIRAMAR State FL Zip Code 33029-6277

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.2510**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

Mailing Address 5 CAMBRIA ROAD EAST

City PALM BEACH GARDENS State FL Zip Code 33418-7028

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

Name of Employer FLORIDA CRYSTALS CORPORATION Occupation FINANCE

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  
 11 / 07 / 2013

**Transaction ID : SA11.2442**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT H. BUKER JR.**

Mailing Address 9433 STATE ROAD 80 SW

City MOORE HAVEN State FL Zip Code 33471-5795

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

Name of Employer US SUGAR CORP Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.2504**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

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

5500.00

**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 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**RICK J. BURGESS**

Mailing Address 711 CORDOVA RD

City State Zip Code  
FORT LAUDERDALE FL 33316-1429

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

Name of Employer Occupation  
GUNSTER LAW FIRM ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.2521**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 1658 CHINABERRY CT

City State Zip Code  
NAPLES FL 34105-3050

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 13 / 2013

**Transaction ID : SA11.2449**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 2113 CANNA WAY

City State Zip Code  
NAPLES FL 34105-3069

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

Name of Employer Occupation  
JANUS CAPITAL GROUP DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 13 / 2013

**Transaction ID : SA11.2447**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**ADOLPH V. FALSO**

Mailing Address 1730 VENEZIA WAY

City NAPLES State FL Zip Code 34105-3056

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2445**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 3103 INDIGOBUSH WAY

City NAPLES State FL Zip Code 34105-3025

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2451**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 3243 GIN LANE

City NAPLES State FL Zip Code 34102-7808

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2452**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**BETTY ANN FOLKERTH**

Mailing Address 12933 BALD CYPRESS LN.

City State Zip Code  
NAPLES FL 34119-8527

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

Name of Employer Occupation  
THE HAROESY CO. LTD PRESIDENT

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  
 11 / 13 / 2013

**Transaction ID : SA11.2453**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 7175 PIONEER LAKES CIR

City State Zip Code  
WEST PALM BEACH FL 33413-2253

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
 12 / 05 / 2013

**Transaction ID : SA11.2509**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 5007 CERROMAR DR.

City State Zip Code  
NAPLES FL 34112-7922

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

Name of Employer Occupation  
N/A RETIRED

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  
 11 / 13 / 2013

**Transaction ID : SA11.2448**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**DARRELL HARRIS**

Mailing Address **PO BOX 963**

City **LABELLE** State **FL** Zip Code **33975-0963**

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

Name of Employer **HENDRY COUNTY SCHOOL BOARD** Occupation **COUNTY COMMISSIONER**

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 / 05 / 2013**

**Transaction ID : SA11.2523**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **5600 W US HWY 27**

City **CLEWISTON** State **FL** Zip Code **33440-7505**

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

Name of Employer **HILLIARD BROTHERS OD FLORIDA** Occupation **EXECUTIVE**

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  
**12 / 05 / 2013**

**Transaction ID : SA11.2501**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **PO BOX 162**

City **CLEWISTON** State **FL** Zip Code **33440-0162**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

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 / 05 / 2013**

**Transaction ID : SA11.2513**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**ROY D. LUNDY**

Mailing Address **PO BOX 9**

City **MOORE HAVEN** State **FL** Zip Code **33471-0009**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 05 / 2013**

**Transaction ID : SA11.2506**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICE M. MAGRATH**

Mailing Address **1625 CHINABERRY WAY**

City **NAPLES** State **FL** Zip Code **34105-3052**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 13 / 2013**

**Transaction ID : SA11.2455**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **1625 CHINABERRY WAY**

City **NAPLES** State **FL** Zip Code **34105-3052**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 13 / 2013**

**Transaction ID : SA11.2454**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**2250.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY L. MATTHEWS**

Mailing Address 750 HIGH PINES DR.

City State Zip Code  
NAPLES FL 34103-2819

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTMENTS

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  
 11 / 13 / 2013

**Transaction ID : SA11.2450**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 105 WEST DEL MONTE AVE

City State Zip Code  
CLEWISTON FL 33440-5201

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

Name of Employer Occupation  
US SUGAR VICE PRESIDENT

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 / 05 / 2013

**Transaction ID : SA11.2502**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 208 SAGINAW AVE

City State Zip Code  
CLEWISTON FL 33440-2425

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

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  
 12 / 05 / 2013

**Transaction ID : SA11.2524**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 53  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**JOSH MITCHEM**

Mailing Address 4817 W 148TH

City OVERLAND PARK State KS Zip Code 66224-9411

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.2472**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 2229 REGAL WAY

City NAPLES State FL Zip Code 34110-1020

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : SA11.2390**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address 6527 DANIEL CT

City FORT MYERS State FL Zip Code 33908-2004

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

Name of Employer GARY PRICE MD FACP Occupation M.D.

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2013

**Transaction ID : SA11.2459**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 13 OF 53

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

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

Mailing Address 1003 4TH STREET SOUTH

City State Zip Code  
 NAPLES FL 34102-7015

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

Name of Employer Occupation  
 N/A RETIRED

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  
 11 13 2013

**Transaction ID : SA11.2446**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 24940 PENNYROYAL DR.

City State Zip Code  
 BONITA SPRINGS FL 34134-7900

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

Name of Employer Occupation  
 N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 05 2013

**Transaction ID : SA11.2500**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 779 E DEL MONTE AVE

City State Zip Code  
 CLEWISTON FL 33440-2209

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

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  
 12 05 2013

**Transaction ID : SA11.2512**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

850.00

**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 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>FAHADA M. SAAD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2013
Mailing Address 1915 COCOPLUM WAY		<b>Transaction ID : SA11.2444</b>
City NAPLES	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer THE SAAD TEAM	Occupation REAL ESTATE AGENT	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>JOSHUA M. SALTZMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2013
Mailing Address 1105 JEFFERSON AVENUE		<b>Transaction ID : SA11.2430</b>
City ST MICHAELS	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AIRLINES FOR AMERICA	Occupation VICE PRESIDENT, GLOBAL GOVERNMENT /	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>JUDY C. SANCHEZ</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2013
Mailing Address 02089 NE 2ND ST		<b>Transaction ID : SA11.2516</b>
City BELLE GLADE	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**BILL R. SANFORD**

Mailing Address INFORMATION REQUESTED

City State Zip Code  
INFO REQUEST ZZ 99999

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

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  
 11 13 2013

**Transaction ID : SA11.2493**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRADLEY K. SCHWEER JR.**

Mailing Address 1126 A NORTH STAFFORD ST.

City State Zip Code  
ARLINGTON VA 22201-4699

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

Name of Employer Occupation  
CENTURY LINK DIRECTOR

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  
 11 18 2013

**Transaction ID : SA11.2471**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 618 MOURNING DOVE DR

City State Zip Code  
MCQUEENEY TX 78123-3297

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE

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 05 2013

**Transaction ID : SA11.2526**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH J. SMITH**

Mailing Address 10100 VALIANT CT

City MIROMAR LAKES State FL Zip Code 33913-8935

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

Name of Employer ALICO INC Occupation EVP & CEO

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  
 12 / 05 / 2013

**Transaction ID : SA11.2525**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN F. SOREY III**

Mailing Address 220 GULF SHORE BLVD N

City NAPLES State FL Zip Code 34102-8450

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

Name of Employer CITY OF NAPLES Occupation MAYOR

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  
 11 / 13 / 2013

**Transaction ID : SA11.2456**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 1285 GULF SHORE BLVD N APT 7A

City NAPLES State FL Zip Code 34102-4903

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

Name of Employer TWEEDY BROWN CO, LLC Occupation INVESTMENT ANALYST PART OWNER

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  
 12 / 21 / 2013

**Transaction ID : SA11.2531**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 17 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

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

Mailing Address 54 ISLAND DR.

City RYE State NY Zip Code 10580-4306

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
 11 / 20 / 2013

**Transaction ID : SA11.2483**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 901 GRATTON RD PO BOX 1034

City CLEWISTON State FL Zip Code 33440-1034

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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 / 05 / 2013

**Transaction ID : SA11.2511**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 336 SW LOST RIVER RD

City STUART State FL Zip Code 34997-6294

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

Name of Employer Occupation  
US SUGAR CORPORATION VP IT AND EMPLOYEE BENEFITS

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 / 05 / 2013

**Transaction ID : SA11.2527**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY STRUNK**

Mailing Address 3231 RITTENHOUSE STREET NW

City WASHINGTON State DC Zip Code 20015-1678

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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  
 11 / 20 / 2013

**Transaction ID : SA11.2484**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1760 GAINES WAY

City WINTER PARK State FL Zip Code 32789-1468

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

Name of Employer Occupation  
EASTGATE CORPORATION BUSINESSMAN

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 / 05 / 2013

**Transaction ID : SA11.2520**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 2200 TROYERS LN.

City ALVA State FL Zip Code 33920-2600

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

Name of Employer Occupation  
TROYER BROTHERS FL. FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2529**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<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)  
**Friends of Trey Radel**

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

Mailing Address 12530 STRATHMORE LOOP

City State Zip Code  
FORT MYERS FL 33912-4682

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.2515**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MALCOLM S. WADE JR.**

Mailing Address 209 RIDGEWOOD AVE

City State Zip Code  
CLEWISTON FL 33440-5112

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

Name of Employer Occupation  
US SUGAR SENIOR VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.2503**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

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

Mailing Address 148 TAFT BLVD

City State Zip Code  
CLEWISTON FL 33440-9495

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.2505**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**ELAINE M. WOOD**

Mailing Address **113 RIDGEWOOD AVE**

City **CLEWISTON** State **FL** Zip Code **33440-5113**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

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  
**12 / 05 / 2013**

**Transaction ID : SA11.2514**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **1412 PEEPLES RANCH RD**

City **MOORE HAVEN** State **FL** Zip Code **33471-5778**

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

Name of Employer Occupation

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  
**12 / 05 / 2013**

**Transaction ID : SA11.2518**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED / REDESIGNATION REQUESTED

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

Mailing Address **1412 PEEPLES RANCH RD**

City **MOORE HAVEN** State **FL** Zip Code **33471-5778**

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

Name of Employer **PEEPLES RANCH** Occupation **OWNER**

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  
**12 / 05 / 2013**

**Transaction ID : SA11.2539**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**[MEMO ITEM]**  
 ATTRIBUTION TO PARTNERS REQUESTED / REDESIGNATION REQUESTED

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

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

**500.00**

**34600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**A. DUDA AND SONS, INC PAC**

Mailing Address PO BOX 620257

City: OVIEDO State: FL Zip Code: 32762-0257

FEC ID number of contributing federal political committee: **C C00213231**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 12 / 05 / 2013

**Transaction ID : SA11.2517**

Amount of Each Receipt this Period: 750.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF ANESTHESIOLOGISTS PAC**

Mailing Address 520 N NORTHWEST HWY

City: PARK RIDGE State: IL Zip Code: 60068-2538

FEC ID number of contributing federal political committee: **C C00510768**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 05 / 2013

**Transaction ID : SA11.2499**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CENTURYLINK INC. EMPLOYEES PAC**

Mailing Address 1009 NEW YORK AVE, STE 250

City: WASHINGTON State: DC Zip Code: 20001-4406

FEC ID number of contributing federal political committee: **C C00419911**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 11 / 20 / 2013

**Transaction ID : SA11.2485**

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

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

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

4250.00

**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 22 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**CONSUMER ELECTRONICS ASSOCIATION PAC-CEAPAC**

Mailing Address 1919 S EADS ST.

City ARLINGTON State VA Zip Code 22202-3028

FEC ID number of contributing federal political committee. **C C00375048**

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  
 11 / 18 / 2013

**Transaction ID : SA11.2479**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DARDEN RESTAURANTS, INC. GOOD EMPLOYEE GOOD GOVERNMENT FUND**

Mailing Address 1000 DARDEN CENTER DR.

City ORLANDO State FL Zip Code 32837-4032

FEC ID number of contributing federal political committee. **C C00108282**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.2497**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DARDEN RESTAURANTS, INC. GOOD EMPLOYEE GOOD GOVERNMENT FUND**

Mailing Address 1000 DARDEN CENTER DR.

City ORLANDO State FL Zip Code 32837-4032

FEC ID number of contributing federal political committee. **C C00108282**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.2498**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON ST.

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11.2532**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER PAC**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00467431**

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 / 20 / 2013

**Transaction ID : SA11.2481**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HF RESPONSIBILITY FUND, C/O HERRICK FEINSTEIN LLP**

Mailing Address 2 PARK AVE, 21ST FLR.

City NEW YORK State NY Zip Code 10016-9301

FEC ID number of contributing federal political committee. **C C00466334**

Name of Employer Occupation

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  
 11 / 18 / 2013

**Transaction ID : SA11.2478**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL AVE STE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11.2535**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC**

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11.2486**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS PAC**

Mailing Address 1771 N STREET NW

City WASHINGTON State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2489**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4500.00

**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 25 OF 53
	<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)  
**Friends of Trey Radel**

**A. NATIONAL BEER WHOLESALERS ASSOCIATION PAC-NBWA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 KING STREET, STE 600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.2473**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. NEXTERA ENERGY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 UNIVERSE BLVD.

City JUNO BEACH State FL Zip Code 33408-2657

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2540**

Amount of Each Receipt this Period  
 1650.00

CONTRIBUTION

**C. NEXTERA ENERGY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 UNIVERSE BLVD.

City JUNO BEACH State FL Zip Code 33408-2657

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.2541**

Amount of Each Receipt this Period  
 850.00

CONTRIBUTION

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

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

5000.00

**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 26 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**PFIZER PAC**

Mailing Address **235 EAST 42ND STREET**

City **NEW YORK** State **NY** Zip Code **10017-5703**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 18 / 2013**

**Transaction ID : SA11.2474**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **235 EAST 42ND STREET**

City **NEW YORK** State **NY** Zip Code **10017-5703**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 21 / 2013**

**Transaction ID : SA11.2533**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUGAR CANE GROWERS COOPERATIVE OF FLORIDA PAC**

Mailing Address **PO BOX 666**

City **BELLE GLADE** State **FL** Zip Code **33430-0666**

FEC ID number of contributing federal political committee. **C C00254656**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 05 / 2013**

**Transaction ID : SA11.2519**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 27 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**TC-MIDWEST-PAC**

Mailing Address **PO BOX 523**

City **INDIANAPOLIS** State **IN** Zip Code **46206-0523**

FEC ID number of contributing federal political committee. **C C00530865**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 18 / 2013**

**Transaction ID : SA11.2475**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY PAC**

Mailing Address **1200 WILSON BLVD.**

City **ARILNGTON** State **VA** Zip Code **22209-2300**

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 21 / 2013**

**Transaction ID : SA11.2534**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TURKISH COALITION UAS PAC**

Mailing Address **1024 CONNECTICUT AVE NW, STE 1000**

City **WASHINGTON** State **DC** Zip Code **20036-5322**

FEC ID number of contributing federal political committee. **C C00432526**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 18 / 2013**

**Transaction ID : SA11.2476**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**1350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**TURKISH COALITION UAS PAC**

Mailing Address 1024 CONNECTICUT AVE NW, STE 1000

City WASHINGTON State DC Zip Code 20036-5322

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.2477**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**U.S.-CUBA DEMOCRACY PAC**

Mailing Address 1200 WEST 49TH STREET

City HIALEAH State FL Zip Code 33012-3217

FEC ID number of contributing federal political committee. **C** C00387720

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 / 20 / 2013

**Transaction ID : SA11.2482**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT PAC**

Mailing Address 600 13TH STREET NW, STE 340

City WASHINGTON State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

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  
 11 / 20 / 2013

**Transaction ID : SA11.2487**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2500.00

26100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 53
	<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)  
**Friends of Trey Radel**

**A.** Full Name (Last, First, Middle Initial)  
**LA PLAYA BEACH RESORT**

Mailing Address 9891 GULF SHORE DR

City State Zip Code  
NAPLES FL 34108

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1476.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : SA15.10001**

Amount of Each Receipt this Period  
 1476.74

VENDOR REFUND - FACILITY RENTAL/CATERING

**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).....

1476.74

1476.74

**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 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. AMANDA NUNEZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2013</b>
Mailing Address 1500 MASSACHUSETTS AVE NW #211		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.140</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AMANDA NUNEZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2013</b>
Mailing Address 1500 MASSACHUSETTS AVE NW #211		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.142</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AMANDA NUNEZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 06 / 2013</b>
Mailing Address 1500 MASSACHUSETTS AVE NW #211		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.144</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 53			
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2013</b>
Mailing Address <b>200 VESEY ST</b>		Amount of Each Disbursement this Period <b>7.95</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10285</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEE</b>	<b>Transaction ID : SB17.110</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2013</b>
Mailing Address <b>200 VESEY ST</b>		Amount of Each Disbursement this Period <b>69.26</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10285</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEE</b>	<b>Transaction ID : SB17.112</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2013</b>
Mailing Address <b>200 VESEY ST</b>		Amount of Each Disbursement this Period <b>7.95</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10285</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEE</b>	<b>Transaction ID : SB17.113</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>85.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 53			
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 7.38
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<b>Transaction ID : SB17.115</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 7.95
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<b>Transaction ID : SB17.116</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 16.20
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<b>Transaction ID : SB17.118</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 53			
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. BRACEWELL &amp; GIULIANI</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2013</b>
Mailing Address <b>1251 AVE OF AMERICAS, 49TH FLOOR</b>			Amount of Each Disbursement this Period <b>14210.74</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10020</b>	
Purpose of Disbursement <b>LEGAL CONSULTING</b>		Candidate Name	Transaction ID : <b>SB17.137</b>
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. BRACEWELL &amp; GIULIANI</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 06 / 2013</b>
Mailing Address <b>1251 AVE OF AMERICAS, 49TH FLOOR</b>			Amount of Each Disbursement this Period <b>753.00</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10020</b>	
Purpose of Disbursement <b>LEGAL CONSULTING</b>		Candidate Name	Transaction ID : <b>SB17.138</b>
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. BULL FEATHERS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2013</b>
Mailing Address <b>410 1ST ST SE</b>			Amount of Each Disbursement this Period <b>73.60</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Purpose of Disbursement <b>FOOD/BEVERAGE</b>		Candidate Name	Transaction ID : <b>SB17.128</b>
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)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15037.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 53			
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. BULL FEATHERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 410 1ST ST SE		Amount of Each Disbursement this Period 125.60
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	Transaction ID : SB17.129
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN MAIL AND INVOICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 26 HADDONFIELD RD		Amount of Each Disbursement this Period 101.38
City CHERRY HILL	State NJ	
Zip Code 08002	Purpose of Disbursement PRINTING/POSTAGE	Transaction ID : SB17.155
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN MAIL AND INVOICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 26 HADDONFIELD RD		Amount of Each Disbursement this Period 66.25
City CHERRY HILL	State NJ	
Zip Code 08002	Purpose of Disbursement PRINTING/POSTAGE	Transaction ID : SB17.156
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	293.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 53	
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial)  
**A. CAMPAIGN MAIL AND INVOICES**

Mailing Address 26 HADDONFIELD RD

City CHERRY HILL State NJ Zip Code 08002

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 26 / 2013

Amount of Each Disbursement this Period: 20.25

Transaction ID : SB17.157

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

Mailing Address 2223 N WESTSHORE BLVD

City TAMPA State FL Zip Code 33607

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2013

Amount of Each Disbursement this Period: 229.20

Transaction ID : SB17.103

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

Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 592.00

Transaction ID : SB17.119

**SUBTOTAL** of Disbursements This Page (optional) ..... 841.45

**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 53	
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2013</b>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <b>592.00</b> <b>Transaction ID : SB17.120</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 03 / 2013</b>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <b>592.00</b> <b>Transaction ID : SB17.121</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <b>592.00</b> <b>Transaction ID : SB17.122</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1776.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2013</b>
Mailing Address <b>PO BOX 365</b>		Amount of Each Disbursement this Period <b>1525.00</b> <b>Transaction ID : SB17.104</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2013</b>
Mailing Address <b>PO BOX 365</b>		Amount of Each Disbursement this Period <b>1525.00</b> <b>Transaction ID : SB17.105</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 06 / 2013</b>
Mailing Address <b>PO BOX 365</b>		Amount of Each Disbursement this Period <b>1525.00</b> <b>Transaction ID : SB17.106</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4575.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. CONSTANT CONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.159</b>
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement SUBSCRIPTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CONSTANT CONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.160</b>
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement SUBSCRIPTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CONSTANT CONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.161</b>
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement SUBSCRIPTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 53	
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. ELAVON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2013</b>
Mailing Address <b>2 CONCOURSE PKWY #800</b>		Amount of Each Disbursement this Period <b>77.73</b>
City <b>ATLANTA</b>	State <b>GA</b>	
Zip Code <b>30328</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEE</b>	<b>Transaction ID : SB17.111</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELAVON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2013</b>
Mailing Address <b>2 CONCOURSE PKWY #800</b>		Amount of Each Disbursement this Period <b>105.57</b>
City <b>ATLANTA</b>	State <b>GA</b>	
Zip Code <b>30328</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEE</b>	<b>Transaction ID : SB17.114</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELAVON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 03 / 2013</b>
Mailing Address <b>2 CONCOURSE PKWY #800</b>		Amount of Each Disbursement this Period <b>206.37</b>
City <b>ATLANTA</b>	State <b>GA</b>	
Zip Code <b>30328</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEE</b>	<b>Transaction ID : SB17.117</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>389.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. HOOK MARKETING &amp; DESIGN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2013</b>
Mailing Address <b>2311 CLUB HOUSE RD</b>		Amount of Each Disbursement this Period <b>560.00</b>
City <b>N. FORT MYERS</b>	State <b>FL</b>	
Zip Code <b>33917</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	<b>Transaction ID : SB17.139</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOOK MARKETING &amp; DESIGN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2013</b>
Mailing Address <b>2311 CLUB HOUSE RD</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>N. FORT MYERS</b>	State <b>FL</b>	
Zip Code <b>33917</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	<b>Transaction ID : SB17.141</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOOK MARKETING &amp; DESIGN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 06 / 2013</b>
Mailing Address <b>2311 CLUB HOUSE RD</b>		Amount of Each Disbursement this Period <b>540.00</b>
City <b>N. FORT MYERS</b>	State <b>FL</b>	
Zip Code <b>33917</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	<b>Transaction ID : SB17.143</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2013</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>18.86</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>COMPUTER SOFTWARE</b>	<b>Transaction ID : SB17.107</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 27 / 2013</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>18.86</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>COMPUTER SOFTWARE</b>	<b>Transaction ID : SB17.108</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 27 / 2013</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>18.86</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>COMPUTER SOFTWARE</b>	<b>Transaction ID : SB17.109</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>56.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 53		
	<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)  
**Friends of Trey Radel**

**A. NCH HEALTHCARE FOUNDATION**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 234

City NAPLES State FL Zip Code 34106

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2013

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.99

**B. POLITICAL CAPITAL**

Full Name (Last, First, Middle Initial)  
Mailing Address 2668 SCOTT MILL LN

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 25 / 2013

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.124

**C. POLITICAL CAPITAL**

Full Name (Last, First, Middle Initial)  
Mailing Address 2668 SCOTT MILL LN

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 06 / 2013

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.126

**SUBTOTAL** of Disbursements This Page (optional) ..... 8500.00

**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 43 OF 53			
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. SWFL YOUNG REPUBLICANS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 2904 TUSCAN DR #202			Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.158</b>
City CAPE CORAL	State FL	Zip Code 33909	
Purpose of Disbursement REGISTRATION FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. THE CANNON GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1301 K STREET NW, STE 1050E			Amount of Each Disbursement this Period 10342.18 <b>Transaction ID : SB17.123</b>
City WASHINGTON	State DC	Zip Code 20005	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. THE CANNON GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 1301 K STREET NW, STE 1050E			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.125</b>
City WASHINGTON	State DC	Zip Code 20005	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11642.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. THE CANNON GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 1301 K STREET NW, STE 1050E		Amount of Each Disbursement this Period 2685.42
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement FINANCE CONSULTING/FACILITY RENTAL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.127</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE CANNON GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1301 K STREET NW, STE 1050E		Amount of Each Disbursement this Period 4976.42
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement TRAVEL/FOOD/BEVERAGES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.166</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE PALM RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 1225 19TH ST NW		Amount of Each Disbursement this Period 106.79
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.101</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7768.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 53	
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. THOEMKE STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2013</b>	
Mailing Address <b>3570 21ST AVE SW</b>			Amount of Each Disbursement this Period <b>238.71</b>	
City <b>NAPLES</b>	State <b>FL</b>	Zip Code <b>34117</b>	Transaction ID : <b>SB17.154</b>	
Purpose of Disbursement <b>PRINTING</b>		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2013</b>	
Mailing Address <b>475 L'ENFANT PLAZA SW RM 4012</b>			Amount of Each Disbursement this Period <b>46.00</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20260</b>	Transaction ID : <b>SB17.145</b>	
Purpose of Disbursement <b>POSTAGE</b>		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2013</b>	
Mailing Address <b>475 L'ENFANT PLAZA SW RM 4012</b>			Amount of Each Disbursement this Period <b>5.99</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20260</b>	Transaction ID : <b>SB17.146</b>	
Purpose of Disbursement <b>POSTAGE</b>		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>290.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 53		
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2013
M M	/	D D	/	Y Y Y Y								
11		01		2013								
Mailing Address 475 L'ENFANT PLAZA SW RM 4012		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20260</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20260	<table border="1"> <tr> <td>0.86</td> </tr> </table>	0.86			
City	State	Zip Code										
WASHINGTON	DC	20260										
0.86												
Purpose of Disbursement POSTAGE		Transaction ID : SB17.147										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For:											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>08</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		08		2013
M M	/	D D	/	Y Y Y Y								
11		08		2013								
Mailing Address 475 L'ENFANT PLAZA SW RM 4012		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20260</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20260	<table border="1"> <tr> <td>5.60</td> </tr> </table>	5.60			
City	State	Zip Code										
WASHINGTON	DC	20260										
5.60												
Purpose of Disbursement POSTAGE		Transaction ID : SB17.148										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For:											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		15		2013
M M	/	D D	/	Y Y Y Y								
11		15		2013								
Mailing Address 475 L'ENFANT PLAZA SW RM 4012		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20260</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20260	<table border="1"> <tr> <td>5.60</td> </tr> </table>	5.60			
City	State	Zip Code										
WASHINGTON	DC	20260										
5.60												
Purpose of Disbursement POSTAGE		Transaction ID : SB17.149										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For:											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 53	
	<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)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW RM 4012

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.150

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW RM 4012

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 05 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.151

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW RM 4012

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 16 / 2013

Amount of Each Disbursement this Period: 88.00

Transaction ID : SB17.152

**SUBTOTAL** of Disbursements This Page (optional) ..... 99.20

**TOTAL** This Period (last page this line number only) ..... 54588.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 53			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Trey Radel**

Full Name (Last, First, Middle Initial) <b>A. RICHARD COUNTS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 1004 COLLIER CENTER WAY STE 206			Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB20A.44</b>
City NAPLES	State FL	Zip Code 34110	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AARON TROYER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 14700 TROYER BROTHERS RD			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.45</b>
City FORT MYERS	State FL	Zip Code 33913	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	1050.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Trey Radel

Transaction ID : SC/10.10994

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Henry J. Radel III

Primary

General

Other (specify) ▼

Mailing Address

4360 Lazio Way  
#1008

City

State

ZIP Code

Fort Myers

FL

33901

Original Amount of Loan

130000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

130000.00

**TERMS**

Date Incurred

07 / 24 / 2012

Date Due

10/15/2014

Interest Rate

0.00 % (apr)

Secured:

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:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

130000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Trey Radel** Transaction ID : **SC/10.11016**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Henry J. Radel III** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 4360 Lazio Way  
 #1008

City State ZIP Code  
 Fort Myers FL 33901

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 07 / D 25 / Y 2012 Date Due: M / D / Y 10/15/2014 Interest Rate: 0.00 % (apr) Secured:  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 30000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Trey Radel** Transaction ID : **SC/10.11057**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Henry J. Radel III</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4360 Lazio Way #1008		

City	State	ZIP Code
Fort Myers	FL	33901

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 02 / 2012	10/15/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Trey Radel

Transaction ID : SC/10/11060

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Henry J. Radel III

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4360 Lazio Way  
#1008

City State ZIP Code  
Fort Myers FL 33901

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

**TERMS**

Date Incurred: M 08 / D 06 / Y 2012  
 Date Due: M / D / Y 10/15/2013  
 Interest Rate: 0.00 % (apr)  
 Secured:  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Trey Radel** Transaction ID : **SC/10.11089**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Henry J. Radel III**  Primary  
 Mailing Address 4360 Lazio Way #1008  General  
 Other (specify) ▼

City State ZIP Code  
 Fort Myers FL 33901

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No  
 08 / 10 / 2012 / 10/15/2013

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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	6000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	206000.00

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