

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED

2014 APR 15 PM 12:16
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

ADDRESS (number and street)

437 POPLAR CT.

Check if different than previously reported. (ACC)

MAITLAND

FL

32751

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

00557942

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

DD /

YYYY

in the State of

FL

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD /

YYYY

in the State of

FL

5. Covering Period

MM / DD / YYYY

DD /

YYYY

through

MM / DD / YYYY

DD /

YYYY

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

ANDREW AUGUST

Signature of Treasurer

Andrew August NA FEC 3

Date

MM / DD / YYYY

DD /

YYYY

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)

14031214703

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

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

14031214704

	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))	<input type="text" value="900.00"/>	<input type="text" value="900.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="900.00"/>	<input type="text" value="900.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="592.98"/>	<input type="text" value="592.98"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="592.98"/>	<input type="text" value="592.98"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="307.02"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

900 00

900 00

(ii) Unitemized.....

0 00

0 00

(iii) TOTAL of contributions from individuals ▶

900 00

900 00

(b) Political Party Committees.....

0 00

0 00

(c) Other Political Committees (such as PACs).....

0 00

0 00

(d) The Candidate.....

0 00

0 00

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

900 00

900 00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0 00

0 00

13. LOANS:

(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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0 00

0 00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0 00

0 00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

900 00

900 00

14031214705

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	592.98	592.98
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.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	592.98	592.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	900.00
25. SUBTOTAL (add Line 23 and Line 24).....	900.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	598.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	307.02

14031214706

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

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

FOR LINE NUMBER: PAGE 1 OF 4

(check only one)

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

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

DEVORK JAMES

Date of Receipt

MM	DD	YYYY
03	06	2014

A. Mailing Address

19 GRANADA CIRCLE

City

MT. SINAI

State

NY

Zip Code

11766

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

CHIEFFO MORGADO ENT.

Occupation

FOREMAN

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

100.00

Full Name (Last, First, Middle Initial)

LEET DANIEL

Date of Receipt

MM	DD	YYYY
03	06	2014

B. Mailing Address

2804 PYTHAGORAS CIRCLE

City

OCOEE

State

FL

Zip Code

34761

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

25.00

Name of Employer

RAPID AUTOMATION DESIGN

Occupation

ENGINEER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

25.00

Full Name (Last, First, Middle Initial)

SMITH BARRY

Date of Receipt

MM	DD	YYYY
02	18	2014

C. Mailing Address

3344 PLAZA DRIVE

City

LANTANA

State

FL

Zip Code

33462

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

SELF

Occupation

TUTOR

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

100.00

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

225.00

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

900.00

14031214707

**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 2 OF 4	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

A. Full Name (Last, First, Middle Initial)
SMITH RODNEY

Mailing Address
PO BOX 104

City
CANTWELL State
AK Zip Code
99729

FEC ID number of contributing federal political committee.
C

Name of Employer
BLUEBERRY INN Occupation
INN KEEPER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2014

Amount of Each Receipt this Period
100.00

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

Mailing Address
6181 BEACH RD

City
MIDLAND State
VA Zip Code
22728

FEC ID number of contributing federal political committee.
C

Name of Employer
HOLTZMAN ROGEL JOSEFIK PLLC Occupation
PARALEGAL

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2014

Amount of Each Receipt this Period
50.00

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

Mailing Address
1631 SE SIMMONS ST.

City
PORT ST. LUCIE State
FL Zip Code
34952

FEC ID number of contributing federal political committee.
C

Name of Employer
SOUTHERN STANDARD BUILDERS LLC Occupation
GENERAL CONTRACTOR

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2014

Amount of Each Receipt this Period
200.00

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

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

350.00

900.00

14031214708

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

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

FOR LINE NUMBER: PAGE 3 OF 4

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

BLANCHARD JAMES

A.

Mailing Address

3201 ROSEBUD LN

City

WINTER PARK

State

FL

Zip Code

32792

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

03 / 19 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

COE JONATHAN

B.

Mailing Address

123 TINDALE CT

City

LONGWOOD

State

FL

Zip Code

32779

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

125.00

Date of Receipt

03 / 22 / 2014

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

BLANCHARD MARILYN

C.

Mailing Address

3201 ROSEBUD LN

City

WINTER PARK

State

FL

Zip Code

32792

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

02 / 12 / 2014

Amount of Each Receipt this Period

50.00

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

275.00

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

900.00

14031214709

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 OF 4
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial) BLANCHARD MARILYN		Date of Receipt MM / DD / YYYY 02 / 12 / 2014
A. Mailing Address 3201 ROSEBUD LN		Amount of Each Receipt this Period 50.00
City WINTER PARK	State Zip Code FL 32792	
FEC ID number of contributing federal political committee. C	Name of Employer	Election Cycle-to-Date 50.00
Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

14031214710

**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)

<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)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL, INC.

Date of Disbursement

MM 03	DD 09	YYYY 2014
----------	----------	--------------

Mailing Address

205 PENNSYLVANIA AVE

Amount of Each Disbursement this Period

76.98

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

VOTER DATA

003

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. USPS

Date of Disbursement

MM 01	DD 14	YYYY 2014
----------	----------	--------------

Mailing Address

221 Driggs Dr

Amount of Each Disbursement this Period

38.00

City

WINTER PARK

State

FL

Zip Code

32793

Purpose of Disbursement

NEW PO BOX

001

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. USPS

Date of Disbursement

MM 01	DD 30	YYYY 2014
----------	----------	--------------

Mailing Address

221 Driggs Dr

Amount of Each Disbursement this Period

22.69

City

WINTER PARK

State

FL

Zip Code

32793

Purpose of Disbursement

PRIORITY 1-DAY MAIL

001

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional)

137.67

TOTAL This Period (last page this line number only)

592.98

14031214711

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

A. USPS

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM / DD / YYYY **01 / 30 / 2014**

Mailing Address: **221 Driggs Dr**

City: **WINTER PARK** State: **FL** Zip Code: **32793**

Purpose of Disbursement: **PRIORITY 2-DAY MAIL** Category/Type: **001**

Candidate Name: **ZECHARIAH BLANCHARD** Amount of Each Disbursement this Period: **11 60**

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

State: _____ District: _____

B. DOLLAR TREE

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM / DD / YYYY **02 / 10 / 2014**

Mailing Address: **1442 SR 436 #1052**

City: **CASSELBERRY** State: **FL** Zip Code: **32707**

Purpose of Disbursement: **OFFICE SUPPLIES** Category/Type: **001**

Candidate Name: **ZECHARIAH BLANCHARD** Amount of Each Disbursement this Period: **3 18**

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

State: _____ District: _____

C. UNIVERSITY OF CENTRAL FLORIDA

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM / DD / YYYY **02 / 11 / 2014**

Mailing Address: **4000 CENTRAL FLORIDA AVE**

City: **ORLANDO** State: **FL** Zip Code: _____

Purpose of Disbursement: **PARKING** Category/Type: **002**

Candidate Name: **ZECHARIAH BLANCHARD** Amount of Each Disbursement this Period: **3 00**

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **17 78**

TOTAL This Period (last page this line number only) **592 98**

14031214712

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A.

WALMART

Date of Disbursement

MM	DD	YYYY
03	09	2014

Mailing Address

1239 SR 436 STE 101

Amount of Each Disbursement this Period

21	08
----	----

City

CASSELBERRY

State

FL

Zip Code

32707

Purpose of Disbursement

HEADSET MIC

001

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

OFFICE DEPOT STORE 2357

Date of Disbursement

MM	DD	YYYY
03	11	2014

Mailing Address

1544 SR 436

Amount of Each Disbursement this Period

48	93
----	----

City

WINTER PARK

State

FL

Zip Code

32792

Purpose of Disbursement

PRINT + FINISHING

003

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

OFFICE DEPOT STORE 2357

Date of Disbursement

MM	DD	YYYY
03	12	2014

Mailing Address

1544 SR 436

Amount of Each Disbursement this Period

22	25
----	----

City

WINTER PARK

State

FL

Zip Code

32792

Purpose of Disbursement

PRINTER INK

001

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

92 26

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

592 98

14031214713

**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 4 OF 6	
	<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)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial) UPS Store		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 2910 KERRY FOREST PARKWAY		Amount of Each Disbursement this Period 15 47
City TALLAHASSEE	State FL	
Zip Code 32309		Category/ Type 003
Purpose of Disbursement VOTER DATA SHIPPING		
Candidate Name ZECHARIAH BLANCHARD		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) DOLLAR TREE		Date of Disbursement MM / DD / YYYY 02 / 16 / 2014
Mailing Address 1442 SR 436 #1052		Amount of Each Disbursement this Period 6 36
City CASSELBERRY	State FL	
Zip Code 32707		Category/ Type 001
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name ZECHARIAH BLANCHARD		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) UNIVERSITY OF CENTRAL FLORIDA		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 4000 CENTRAL FLORIDA AVE		Amount of Each Disbursement this Period 3 00
City ORLANDO	State FL	
Zip Code		Category/ Type 002
Purpose of Disbursement PARKING		
Candidate Name ZECHARIAH BLANCHARD		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	24 83
TOTAL This Period (last page this line number only).....	592 98

14031214714

**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 5 OF 6

<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)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN FOR LIBERTY

Date of Disbursement

M	M	D	D	Y	Y
0	3	2	8	2	0
				2014	

Mailing Address
5211 PORT ROYAL ROAD, SUITE 310

City State Zip Code
SPRINGFIELD VA 22151

Amount of Each Disbursement this Period

296	00
-----	----

Purpose of Disbursement
FLORIDA LIBERTY SUMMIT / EVENTBRITE

007

Candidate Name
ZECHARIAH BLANCHARD

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Date of Disbursement

M	M	D	D	Y	Y
0	2	1	8	2	0
				2014	

Mailing Address
144 2ND STREET, 1ST FLOOR

City State Zip Code
SAN FRANCISCO CA 94105

Amount of Each Disbursement this Period

5	75
---	----

Purpose of Disbursement
SERVICE CHARGE (SMITH, BARRY)

001

Candidate Name
ZECHARIAH BLANCHARD

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

C. PIRYX INC

Date of Disbursement

M	M	D	D	Y	Y
0	3	2	0	2	0
				2014	

Mailing Address
144 2ND STREET, 1ST FLOOR

City State Zip Code
SAN FRANCISCO CA 94105

Amount of Each Disbursement this Period

11	50
----	----

Purpose of Disbursement
SERVICE CHARGE (SMITH, FORREST)

001

Candidate Name
ZECHARIAH BLANCHARD

Category/
Type

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

State: District:

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

313	25
-----	----

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

592	98
-----	----

14031214715

**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 6 OF 6

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Mailing Address
144 2ND STREET, 1ST FLOOR

Amount of Each Disbursement this Period

1 44

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
SERVICE CHARGE (LEET, DANIEL)

0 0 1

Candidate Name
ZECHARIAH BLANCHARD

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Mailing Address
144 2ND STREET, 1ST FLOOR

Amount of Each Disbursement this Period

5 75

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
SERVICE CHARGE (DEVORAK, JAMES)

0 0 1

Candidate Name
ZECHARIAH BLANCHARD

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

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

State: District:

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

7 19

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

592 98

14031214716

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Zechariah Blanchard Committee to Elect
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Winter Park, FL 32793
PHONE: (407) 494-6392

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Federal Election Commission
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Washington, DC 20463
PHONE: (202) 694-1100

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20463

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PO ZIP Code	Date Accepted (MM/DD/YYYY)	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Ins. lbs. ozs.	Insurance Fee \$
	Scheduled Delivery Time	<input type="checkbox"/> Acceptance Employee's Initials <input type="checkbox"/> Employee Signature	Return Receipt Fee \$
	10:30 AM Delivery Fee	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Employee Signature	Use Animal Transportation Fee \$
	Sunday/Holiday Premium Fee	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Employee Signature	Total Postage & Fees \$
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	Acceptance Employee's Initials		
	Employee Signature		

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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