

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FLORIDA MAJORITY FUND; THE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28718.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="85243.59"/>	<input type="text" value="114243.59"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="113962.19"/>	<input type="text" value="114243.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="101247.06"/>	<input type="text" value="101528.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12715.13"/>	<input type="text" value="12715.13"/>
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"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FLORIDA MAJORITY FUND; THE

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	80243.59	104243.59
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80243.59	104243.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	85243.59	114243.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	85243.59	114243.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	85243.59	114243.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20805.86	21087.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20805.86	21087.26
22. Transfers to Affiliated/Other Party Committees.....	80441.20	80441.20
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	101247.06	101528.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101247.06	101528.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	85243.59	114243.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85243.59	114243.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20805.86	21087.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20805.86	21087.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. Leoncio E De La Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Brickell Ave
 Ste 1750
 City Miami State FL Zip Code 33131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer De La Pena Group PA Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.4134
 Amount of Each Receipt this Period
2500.00
 Contribution

B. Jerome Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 Bal Bay Dr.
 City Bal Harbour State FL Zip Code 33154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Principal Occupation Duty Free America
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.4144
 Amount of Each Receipt this Period
5000.00
 Contribution

C. Leon Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd., 7th Fl.
 City Hollywood State FL Zip Code 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CEO Occupation Duty Free America
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.4146
 Amount of Each Receipt this Period
5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. Simon Falic
Full Name (Last, First, Middle Initial)

Mailing Address 150 Harbour Way

City Bal Harbour State FL Zip Code 33154

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

Name of Employer Businessman Occupation Duty Free America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address 9609 Halter Ct

City Potomac State MD Zip Code 20854

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

Name of Employer Feld Entertainment Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period
2500.00

Contribution

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

Mailing Address 50 SOUTH POINTE DR.
UNIT 2405

City Miami State FL Zip Code 33139

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

Name of Employer Self Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 12500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. James C Hellauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Waterford Cir
 City Berwyn State PA Zip Code 19312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : SA11AI.4124
 Amount of Each Receipt this Period
 2500.00
 Contribution

B. Dina Keever
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Sedona Way
 City Palm Beach Gardens State FL Zip Code 33418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McCabe Rabin PA Occupation Attorney
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : SA11AI.4154
 Amount of Each Receipt this Period
 500.00
 Contribution

C. Amin Khoury
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Corporate Center Way
 City Wellington State FL Zip Code 33414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEA Aerospace Occupation Executive
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.4128
 Amount of Each Receipt this Period
 2500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. Benjamin Leon
Full Name (Last, First, Middle Initial)
Mailing Address 630 Leucadendra Dr
City Coral Gables State FL Zip Code 33156
FEC ID number of contributing federal political committee. **C**
Name of Employer Leon Medical Center Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11AI.4126
Amount of Each Receipt this Period 25000.00
Contribution

B. Jose Mallea
Full Name (Last, First, Middle Initial)
Mailing Address 8000 NW 25th St Ste 500
City Miami State FL Zip Code 33122
FEC ID number of contributing federal political committee. **C**
Name of Employer Biscayne Bay Brewing Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11AI.4140
Amount of Each Receipt this Period 5000.00
Contribution

C. Isaac Olemberg
Full Name (Last, First, Middle Initial)
Mailing Address 5212 Bay Rd
City Miami Beach State FL Zip Code 33140
FEC ID number of contributing federal political committee. **C**
Name of Employer Olem Shoe Corp Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11AI.4138
Amount of Each Receipt this Period 2000.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 32000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. Patrick Rooney
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Congress Ave

City West Palm Beach	State FL	Zip Code 33409
-------------------------	-------------	-------------------

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

Name of Employer Investment Corp of Palm Beach	Occupation Executive
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
7500.00

Contribution

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

Mailing Address 2929 Marys Way

City Palm Beach Gardens	State FL	Zip Code 33409
----------------------------	-------------	-------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2493.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
2493.59

In-kind - Venue Rental/Catering

C. Benjamin Starling III
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2857

City Palm Beach	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

Name of Employer Scripps Florida	Occupation Director of Philanthropy
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	10243.59
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. Full Name (Last, First, Middle Initial)
John Taylor III

Mailing Address 374 S Beach Rd

City Hobe Sound State FL Zip Code 33455

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

Name of Employer East Side Beverage Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
7500.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	80243.59

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

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

FOR LINE NUMBER: PAGE 12 OF 17
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

A. Oxbow Carbon & Minerals PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1601 Forum Pl
Ste 1400

City West Palm Beach State FL Zip Code 33401

FEC ID number of contributing federal political committee. **C** C00436550

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 19 / 2014
Transaction ID : SA11C.4156

Amount of Each Receipt this Period
5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

Full Name (Last, First, Middle Initial)

A. Air Charter Team Inc.

Mailing Address 4151 N. Mulberry Dr.
Ste 250

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Transportation Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB21B.4166

Amount of Each Disbursement this Period

8829.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

517.20

Full Name (Last, First, Middle Initial)

C. Boston Coach

Mailing Address 69 Norman Street

City Everett State MA Zip Code 02149

Purpose of Disbursement
Transportation Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB21B.4171.0

Amount of Each Disbursement this Period

517.20

[MEMO ITEM]

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

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

9346.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

Full Name (Last, First, Middle Initial)

A. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE #267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB21B.4170

Amount of Each Disbursement this Period

11.72

Full Name (Last, First, Middle Initial)

B. Gerlinde

Mailing Address 6756 Stirling Rd

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Photography Service

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.4161

Amount of Each Disbursement this Period

726.70

Full Name (Last, First, Middle Initial)

C. Political Capital

Mailing Address 2668 Scott Mill Lane

City Jacksonville State FL Zip Code 32223

Purpose of Disbursement
Finance Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period

6702.40

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

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

7440.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

Full Name (Last, First, Middle Initial)

A. Political Capital

Mailing Address 2668 Scott Mill Lane

City Jacksonville State FL Zip Code 32223

Purpose of Disbursement
Finance Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Sandy Rooney

Mailing Address 2929 Marys Way

City Palm Beach Gardens State FL Zip Code 33409

Purpose of Disbursement
In-kind - Venue Rental/Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.4160

Amount of Each Disbursement this Period

2493.59

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

3993.59

20780.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 320 FIRST STREET SE		Transaction ID : SB22.4176
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Transfer of Net Proceeds	Amount of Each Disbursement this Period 28371.80
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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 30 / 2014
Mailing Address 320 FIRST STREET SE		Transaction ID : SB22.4178
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Transfer of Net Proceeds	Amount of Each Disbursement this Period 11848.80
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) C. REPUBLICAN PARTY OF FLORIDA		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 420 E. JEFFERSON STREET		Transaction ID : SB22.4175
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement Transfer of Net Proceeds	Amount of Each Disbursement this Period 28371.80
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	68592.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FLORIDA MAJORITY FUND; THE

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF FLORIDA

Mailing Address 420 E. JEFFERSON STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
Transfer of Net Proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB22.4177

Amount of Each Disbursement this Period

11848.80

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

11848.80

80441.20