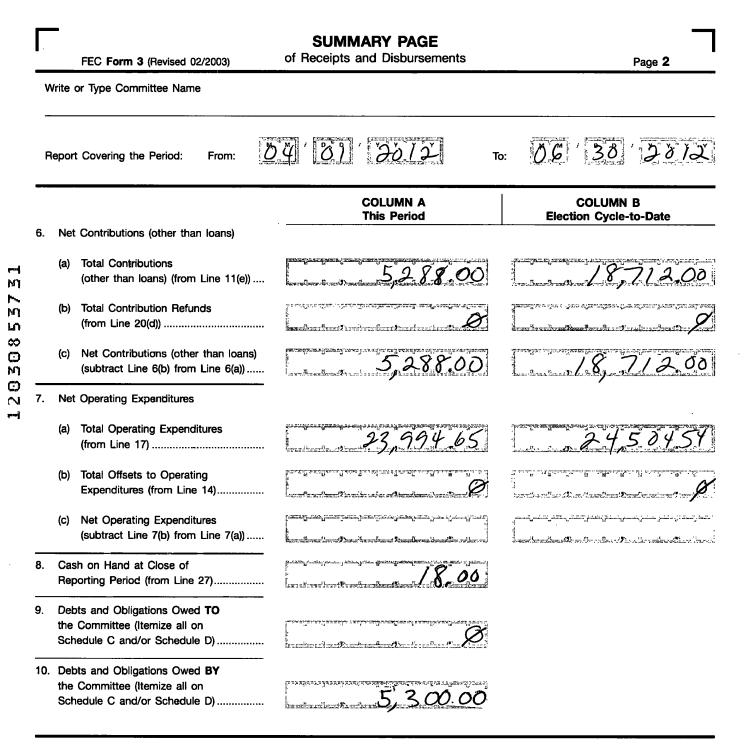
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	CATION NUMBER ▼	CITY A	NEW (N) OR	STATE AMENDED	ZIP CODE ▲ STATE ▼ DISTRICT
(a) Quarterly R April 15	Quarterly Report (Q1)	(b) 12-Day PRE	-Election Report for Primary (12P) Convention (12C)	the: General (12G	· · · · · · · · · · · · · · · · · · ·
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5. Covering Period	<u>54</u> ( 3)	Election on	through	8 6 7 8 8 8 8 4 8 8 8 4 8 8 8 8 8 8 8 8 8 8 8	State of transformed
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         Signature of Treasurer    Date Date					
NOTE: Submission of Office Use Only FE5AN018	false, erroneous, or incompl	ete information may	subject the person sig		FEC FORM 3 (Revised 02/2003)

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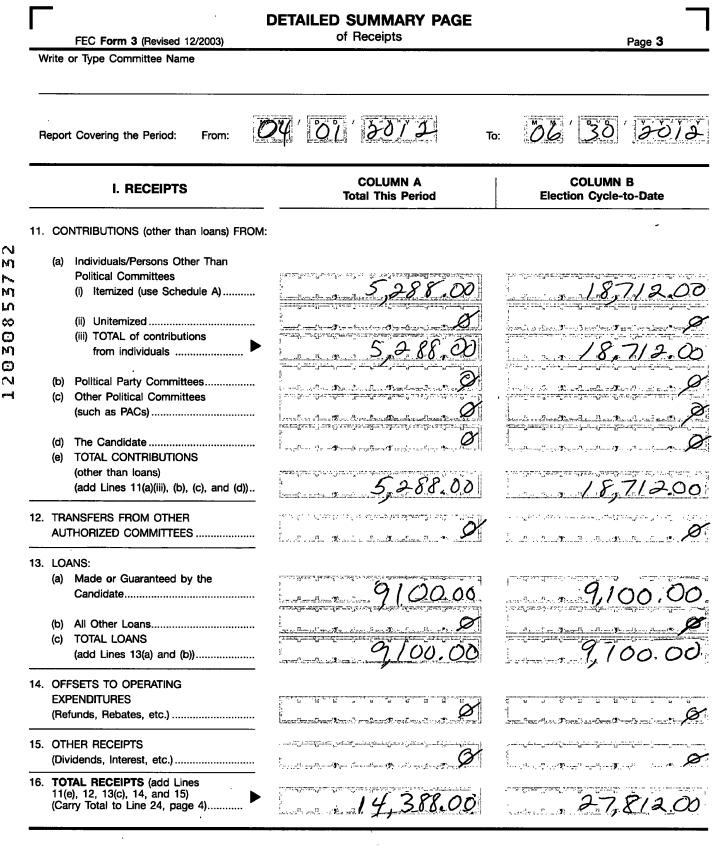
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## For further information contact:

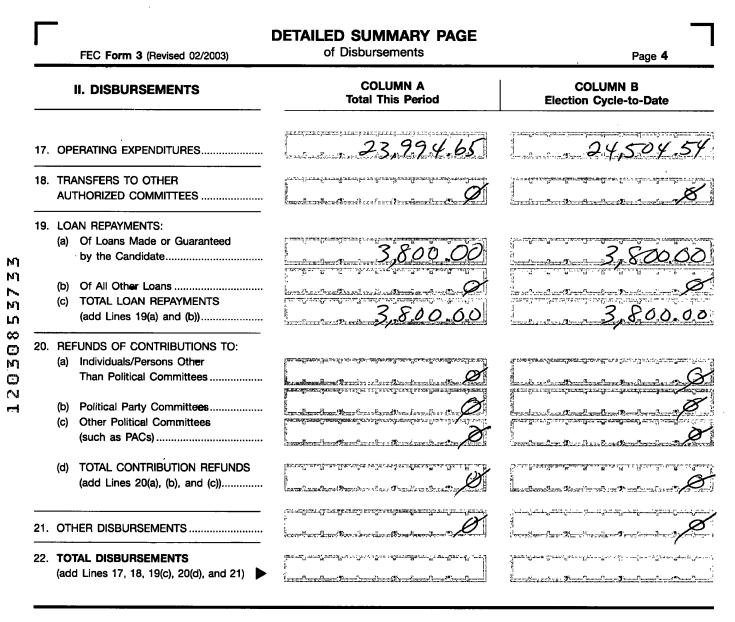
Federal Election Commission 999 E Street, NW Washington, DC 20463

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



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FE5AN018



## III. CASH SUMMARY

24TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) $147388.00$ 25.SUBTOTAL (add Line 23 and Line 24) $272812.00$ 26.TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) $27794.65$			
<ul> <li>25. SUBTOTAL (add Line 23 and Line 24)</li></ul>	23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	63,014,11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	14,388.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD	25.	SUBTOTAL (add Line 23 and Line 24)	27,812.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	27,794.65
	27.		/800)

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)
Ar	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any paddress of any political committee	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) <i>JINA HAYST For</i> Full Name (Last, First, Middle Initial)		
<b>A.</b>	$\frac{VISCO}{IJA}$ Mailing Address $\frac{I240}{City} S. mISSOURI AVA$ State $\frac{CUFARWATFN}{FL}$		Date of Receipt
<b>₽</b>	FEC ID number of contributing federal political committee.	- <u>Constant</u>	Amount of Each Receipt this Period
80∑ 	Receipt For:     File       Primary     General       Other (specify)	TTONNTEJ vole-to-Date	
<u>о</u> 7 в.	Full Name (Last, First, Middle Initial) <u>GUFTTER</u> MARION Mailing Address <u>6300</u> 301 MR N City State <u>ST_PERT FC</u> 33710	Date of Receipt	
	ST prm FC 33710       FEC ID number of contributing federal political committee.       Name of Employer   Occupation		Amount of Each Receipt this Period
	Receipt For:     C       Primary     General       Other (specify)	10.6° F. 101e-to-Date 	
C.	Full Name (Last, First, Middle Initial) GDODALE DEGGY Mailing Address 70-32 /18 AVE City State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
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•	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE         OF           11c         11d           13b         14
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	NAME OF COMMITTEE (In Full)				
А.	Full Name (Last, First, Middle Initial)			Date of Receipt	10012
M	ST DETRIGUELC FEC ID number of contributing federal political committee. Name of Employer	C Occupation		Amount of Each Re	ceipt this Period
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О С. В.	$\frac{2433}{\text{City}} = 667 \text{ AU}$	) JE S State	Zip Code	Date of Receipt	1 20/2
	FEC ID number of contributing federal political committee.	C	337/2	Amount of Each Re	2500
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	_	
С.	Mailing Address / 10722 BOYETTE CRE City	EK State	Zip Code	Date of Receipt	2012
;	RIVERVIEW FEC ID number of contributing federal political committee.		33569	Amount of Each Re	ceipt this Period $2.5.0.0$
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	Full Name (Last, First, Middle Initial)			
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	City City	State	Zip Code	
	GULFRORT FL	3	3707	
	Full Name (Last, First, Middle Initial) <u>DALMENE DATH CH</u> Mailing Address <u>SYOT &amp; AVE S.</u> City <u>City</u> <u>FEC ID number of contributing</u>		allanallana flora alla correllana di surrell	
	federal political committee.			Amount of Each Receipt this Period
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0	Full Name (Last, First, Middle' Initial)			
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	federal political committee.			Amount of Each Receipt this Period
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	Full Name (Last, First, Middle Initial)		•	
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	City City	State	2 # <u>331</u> Zip Code	
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	federal political committee.			Amount of Each Receipt this Period
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	NAME OF COMMITTEE (In Full)			e to salicit contradutions from such compattee.
<b>A</b> .	Full Name (Last, First, Middle Initial) <u>AALJON</u> TAMA Mailing Address <u>3792</u> WIND RER City <u>PACM HARBON</u> EEC ID number of contributing	nA	······································	Date of Receipt
© ₩1	federal political committee.			Amount of Each Receipt this Period
308537	Name of Employer SFCF Receipt For: Primary General Other (specify)		ycle-to-Date	
О С В.	Full Name (Last, First, Middle Initial) <u>LATA</u> FARCUKAH Mailing Address <u>ZEIE</u> AMBASSADIR City <u>DACM</u> H-ARBA FEC ID number of contributing	State	Zip Code	Date of Receipt
	federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period
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с.	Full Name (Last, First, Middle Initial) <u>INICHAN</u> <u>ARMETH</u> Mailing Address <u>SI7</u> MASRID WA City	4 Y 507 State	んつナ Zip Code	Date of Receipt $M^{TM}$ / $p^{TP}$ / $2\sigma/2$
•	ST. PR.TSRS BVRG 1 FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
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NAME OF COMMITTEE (In Full) MINA HAYSTAN TOR	CUNGRESS			
Full Name (Last, First, Middle Initial) A. <u>HOLNESS</u> <u>SYYY</u> Arling for Aug City State <u>BRONX</u>	643 Zip Code 10471	Date of Receipt		
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Full Name (Last, First, Middle Initial) B. <u>ALMATA</u> GRACORY Mailing Address <u>13266 SW</u> 99h TERL City State	13266 SW 992 TERK			
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MMA HAYSEN T-	name and a	ddress of any political committee	e to solicit eontributions fram such committes.
Full Name (Last, First, Middle Initial) A. <u>BACSLEY</u> SUSAN Mailing Address <u>TS SUNSET UNE</u> City <u>TTERRA CEIA</u> <u>EL</u>	T.		Date of Receipt
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Full Name (Last, First, Middle Initial) B. <u>SATHYASHELAPPA</u> Mailing Address <u>6625</u> 61 ST PL City <u>RIVERSALE</u>	VINY State	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) C. <u>LFCBIN CECILIA</u> Mailing Address <u>8735 CARROLC AU</u> City <u>SILVIN SPANG</u>	Æ State	Zip Code	Date of Receipt
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া মা তা	FEC ID number of contributing federal political committee.	50,00	Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) A. <u>Dont</u> <u>DEMNS</u> Mailing Address <u>4710</u> <u>WFLCH</u> <u>CSWY</u> City State MAL) EINA BEACH FL 3	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) A. <u>WONTW FMILY L.</u> Mailing Address <u>2251 65th TER S. Ap</u> City <u>SAINT PETTESURG</u> FEC ID number of contributing		Date of Receipt
SAINT PETTICSBURG       FEC ID number of contributing federal political committee.       Name of Employer   Occupation		Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) B. <u>ACICSON</u> Amrif H Mailing Address <u>251</u> 23 RS AU S City State <u>ST DETTOGBURE</u> FL	Zip Code	Date of Receipt
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A. <u>SUELL LAURA</u> Malling Address <u>781 - 7TL AVE NE</u> City State <u>LARGO FL 3377</u>	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) B. <u>RED LAVERN</u> Mailing Address <u>10248-102</u> <u>PRINCE PC</u> City State <u>UPPER MARCEONO</u> <u>MC</u>	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) C. <u>Howey FECTION P</u> Mailing Address I <u>13405 GWYW PARIC</u> City State <u>BANDY WINE</u> , MD 20	- CT Zip Code 2613	Date of Receipt
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WINTER PARK FL 3	<u>9792</u>	
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NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) A. <u>IFRUS MAN</u> HOWARD Mailing Address <u>7920</u> SUN ISIAND D City State SOUTH PASA DENA FL	N R S APT 326 Zip Code	Date of Receipt
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A. <u>HECKMAN, CAROLYN</u> Malling Address <u>2150</u> /st Are City City City City City	South, Su State Zip Code	.tz 2 [	Date of Receipt
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Full Name (Last, First, Middle Initial) B. PALMA, JONATHAN Mailing Address 5510 RODSEVELL BLVA City City CI CORW DUTOR	) State Zip Code FL 3376		Date of Receipt
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Recelpt For: Primary General Other (specify)		25.00	
Full Name (Last, First, Middle Initial) c. <u>PFILUS</u> , <u>DAVÍD</u> Mailing Address <u>2863</u> <u>Ulst</u> Bay <u>T</u> City Sturk Patenslaung	IC DR. SE State Zip Code FL 3370		ate of Receipt
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FEC Schedule A (Form 3) (Revised 02/2009)

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A. <u>Milling Address</u> <u>5209</u> <u>ENCLAVE</u> <u>DRIVE</u> <u>State</u>	Zip Code	Date of Receipt
OLDSMAK     H_       FEC ID number of contributing federal political committee.     C_       Name of Employer     Occupat	34677	Amount of Each Receipt this Period
Blash Ross A		
Full Name (Lest, First, Middle Initial) B. DELIE, DEDORAH Mailing Address 2901 67th AVE. SO City	Zip Code	Date of Receipt
Saint Petersbuke     FL       FEC ID number of contributing federal political committee.     CC.       Name of Employer     Occupation	00 // 2	Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) <b>c.</b> <u>SHEA</u> <u>DENNIS</u> Mailing Address <u>534</u> ISL AVE N City Sount Petersburg FL	Zip Code	Date of Receipt 0.4 / $0.1$ / $2.0.12$
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Full Name (Last, First, Middle Initial) A. HAWKINS, GORD Mailing Address <u>ISOE</u> MADEIRA A' City <u>MADEIRA BEACH</u> FEC ID number of contributing federal political committee.	_	Amount of Each Receipt this Period
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B. <u>FIND THE MUSIC</u> Mailing Address <u>5145 55th St N</u> City SAINT PETERSBURG	IN YOU State Zip Code FL 33709	Date of Receipt
FEC ID number of contributing federal political committee.	Occupation	Amount of Each Receipt this Period
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c. <u>GUETTLER</u> , <u>MARIC</u> Mailing Address <u>6300</u> <u>304</u> <u>ANE</u> <u>N</u> <u>City</u> <u>SAINT PETERS BURG</u> FEC ID number of contributing federal political committee.	) State Zip Code	Date of Receipt
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A. THOMAS, JOSEPH Mailing Address 5427 SALTAMONTE DR City NEW PORT RICHEY FL	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) B. <u>LEGER</u> , <u>CECILIA</u> Mailing Address <u>B725</u> <u>CARROLL AVE</u> City SILVER SPRING	Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) c. <u>ALLYN</u> , <u>JAN</u> Mailing Address <u>0629</u> 105th AVE City LARGO FL	Zip Code 33773	Date of Receipt
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SAINT PETERSBURG FL	. 33704	
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FEC Schedule A (Form 3) (Revised 02/2009)

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FEC Schedule A (Form 3) (Revised 02/2009)

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3500 OLIVE BRANCH ORI	e Zip Code	102 61 2012
Silver Spring MI	20901	
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Other (specify)	77.00	
Full Name (Last, First, Middle Initial) B. HOPE, MICHAEL		Date of Receipt
Mailing Address		05 29 2012
LITOS NEW BOURNE WAY	Zip Code	05 29 2012
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FEC Schedule A (Form 3) (Revised 02/2009)

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B. HERNANDEZ, WANDA		Date of Receipt	
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1200 37th Street N		05 15 2012	
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c. <u>CAMPBELL</u> , <u>VASHEAKA</u> Mailing Address		Date of Receipt	
4211 WINDING RIVER WAY	Zin Oodo	0.5 $1.4$ $2.0.12$	
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FEC Schedule A (Form 3) (Revised 02/2009)

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Full Name (Last, First, Middle Initial)         B.       ANGRY       HEATHER         Mailing Address       2.647       Name 84       WAY         City       State         City       FEC       FL         FEC ID number of contributing federal political committee.       C       Image: Committee.         Name of Employer       Occupation         Receipt For:       Election Cy         Image: Primary       General         Other (specify)       Image: Primary	rcle-to-Date	Date of Receipt
Full Name (Last, First, Middle Initial)         c.       DAVIS, CHRISTINA         Mailing Address       UTIIITH Street West         City       State         PALMETHO       FL         FEC ID number of contributing       FC         rederal political pommittee.       CL         Name of Employer       Occupation         Receipt For:       Election Cy         Primary       General         Other (specify)       Charles	Zip Code 3422/ TTORKY cle-to-Date	Date of Receipt
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Safety Harbore FL	a Zip Code 34695	
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<u>233 GRAND BLVD</u> City State TARDON SPRINGS FL	Zip Code - 34689	041 861 2012
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupa	ation ATTORNEY	50.00
i i i i i i i i i i i i i i i i i i i	n Cycle-to-Date	-
Other (specify)	5.0.00	
Full Name (Last, First, Middle Initial)	- 10 - Wards	Date of Receipt
C. <u>LEWID CHIVIACO</u> Mailing Address' 33367 WINTWOOD DR		7 777 1 22 1 2 7 7 7 3
City Dane City FL	Zip Code 33523	
FEC ID number of contributing federal political committee.	หรือของเหมืองและเป็นของสนับสายหนึ่งและเป็นและเหมืองและ สมุทธรรมสายสาย สร้างสายกรุงการสนับสายสนับและสนายังสายสาย	Amount of Each Receipt this Period
Name of Employer Occupa	tion	10.0.0
	n Cycle-to-Date	4
V     Primary     General       Other (specify)	1.1.0.0.0	
SUBTOTAL of Receipts This Page (optional)		1.10.00
TOTAL This Period (last page this line number only)		ไปการเข้าของมีสารเหลือคายสารเสียงการสารเสียงการสารเสียงการสารการสารการสารการสารการสารการสารการสารการสารการสารก การการการการการการสารการสารการสารการสารการการการการการการการการการการการการกา

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SCHEDULE B (FEC Form 3)		FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	17- 20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
UINA HANDEN (	For Consh	EP1
		Date of Disbursement
A. WOOD FIRED PIZZA		
Mailing Address <u>Y</u> <u>Y</u> City ST <i>DETTPSVRG</i> Purpose of Disbursement	→	estio bod
City State	Zip Code	Amount of Each Disbursement this Period
ST PETTERSURG F	<u> </u>	
Candidate Name		6665
Candidate Name	Category/	
MUA HANSTU	Type	
Senate Primary President Other (s	General	
	pecity)	
State: F.C. District: 13 Full Name (Last, First, Middle Initial)		
B. (-a)	1	Date of Disbursement
MITY NO DESIGN		
Mailing Address	01. 243	05 25 20/2
B. Mailing Address 433 CFWTRAL AVIZ City ST PETTY BURG FC Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
ST PETTYBURG FC	33701	
Purpose of Disbursement		52529
Candidate Name		
Candidate Name Category/		
Office Sought: House Disbursement For:		
Senate Primary	General	
President Other (s	pecify)	
State: J.C. District: 13		
Full Name (Last, First, Middle Initial)	<i>.</i>	Date of Disbursement
C. MITY MO DES.	16N	
Mailing Address		05 20 20
433 CRUTAL AVA	570 009	
City / State Zip	23701	Amount of Each Disbursement this Period
Purpose of Disbursement		5000
WEBSITE	004	
Candidate Name	Category/	
	Туре	
Office Sought: House Disbursement For: Senate Primary	General	
President Other (sp		
State: FL District: 13		
( SUBTOTAL of Disbursements This Page (optional)		1071.89
TOTAL This Period (last page this line number only)		
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each categury of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)	address of any political commit	person for the purpose of soliciting contributions
VINA     HAYSEV     Fon       Full Name (Last, First, Middle Initial)	CONGRESS	Date of Disbursement
	TATE	
Mailing Address <u>500</u> <u>S</u> <u>BRONOUGH</u> <u>S7</u> City <u>TAUAHASSTEE</u> <u>F</u> <u>City</u> <u>State</u> <u>City</u> <u>State</u>	Zip Code 30-399	Amount of Each Disbursement this Period
Purpose of Disbursement <u>OUALIFYING</u> Candidate Name <i>UINA</i> HAYSFW	Category Type	
Office Sought: L House Disbursement Fo Senate Primar President Other	or:	
State:       J=C.       District:       / 3         Full Name (Last, First, Middle Initial)         B.         DEPARTMENT       07=.       ST         Mailing Address	ATE	Date of Disbursement
500 S Brandugt S	T # 316	06 89 2012
TALLA HABSEE FL Purpose of Distursement CHELK FEE Candidate Name NINA HAYDEN	32397 00 ( Category Type	Amount of Each Disbursement this Period
Senate Primar	-	
Full Name (Last, First, Middle Initial) C. <u>BARDINE HAZLETT</u> Mailing Address 2(57) IST AVE S	he 2	
City State ST PETTY BURG FC 3	Zip Code 37/2	Amount of Each Disbursement this Period
Purpose of Disbursement		
State: FL District: 13	y General (specify)	
SUBTOTAL of Disbursements This Page (optional)		_ /.3,010.00
TOTAL This Period (last page this line number only)		

FEC Schedule B (Form 3) (Revised 02/2009)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Suromary Page	FOR LINE NUMBER:         PAGE         OF           (check only one) <sup>*</sup> 17         18         19a         19b           10         17         18         20a         20b         20c         21		
or for commercial purposes, other than using the_name, and a NAME OF COMMITTEE (In Full)	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.			
Full Name (Last, First, Middle Initial)         A. $\begin{array}{c} \hline \begin{array}{c} \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \begin{array}{c} \hline \end{array} \\ \hline \end{array} $ \hline \end{array} \\ \hline \end{array}  \hline \end{array}  \hline \end{array}  \hline \end{array}  \hline \end{array} \\ \hline \end{array}  \hline \end{array}  \hline \end{array} \\ \hline \end{array} \end{array}  \hline \end{array}  \hline \end{array} \\ \hline \end{array}  \hline \end{array} \\ \hline \end{array} \end{array}  \hline \end{array}  \hline \end{array}  \hline \end{array} \\ \hline \end{array}  \hline \end{array} \\ \hline \end{array} \end{array}  \hline \end{array} \\ \hline \end{array}  \hline \end{array}  \hline \end{array} \\ \hline \end{array} \end{array} \\ \hline \end{array} \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \end{array} \\ \hline \end{array} \end{array}  \\ \hline \end{array} \end{array} \\ \hline \end{array} \end{array}  \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \hline \end{array}  \hline \end{array} \\ \hline \end{array} \end{array} \\ \hline \end{array} \\ \hline \end{array} \end{array} \end{array} \\ \end{array} \end{array} \end{array} \\ \end{array} \end{array}  \hline \end{array} \end{array} \end{array} \\ \\ \end{array} \end{array} \\ \end{array} \end{array}  \hline \end{array}  \hline \end{array} \end{array} \\ \end{array} \\ \hline \end{array} \\ \hline \end{array}  \\ \hline \end{array} \end{array} \end{array} \\ \\ \hline \end{array} \end{array} \end{array} \\ \\ \end{array} \end{array}  \\ \hline \end{array}  \hline \end{array} \\ \hline \end{array} \end{array} \end{array} \\ \\ \hline \end{array} \\ \end{array} \end{array}  \hline \end{array} \end{array} \end{array} \end{array} \\ \end{array} \end{array} \end{array} \\ \end{array} \end{array} \end{array} \end{array} \\ \\ \end{array} \end{array}  \hline \end{array}  \hline \\ \end{array} \end{array} \end{array} \\ \end{array} \end{array} \\ \end{array} \end{array} \\ \\ \end{array}   \hline \\ \end{array} \end{array}  \\ \hline \end{array}  \hline \end{array}  \hline \\ \end{array}  \hline \\ \end{array}   \hline \end{array}  \\ \hline \end{array}  \hline \\ \end{array}  \hline \\ \end{array} \end{array}  \\ \hline \end{array}  \hline \\ \end{array}    \hline \\  \hline \\ \end{array}  \hline \\   \hline \\  \hline \\  \hline \\  \hline \\  \hline \\  \hline \\   \hline \\  \hline \\  \hline \\  \hline \\  \hline \\  \hline \\  \hline \\  \hline \\  \hline \\   \hline \\  \hline \\  \hline \\  \hline \\  \hline \\   \hline \\	Туре	Date of Disbursement		
State: $F \subseteq$ District:       13         Full Name (Last, First, Middle Initial)         B. $B = BACDINE HAZUEIT$ Mailing Address $2150 Is + Ave S. State$ $2150 Is + Ave S. State$ City       State         Purpose of Disbursement $C.Ampaign Constructor         Candidate Name         MIMA HAYSEN         Office Sought:         President         Disbursement For:         MIMA HAYSEN         Office Sought:         President         Disbursement For:         MIMA HAYSEN         Office Sought:         MIMA HAYSEN         Office Sought:         President Other (sp) $	Zip Code 4 Code Category/ Type General	Date of Disbursement		
Full Name (Last, First, Middle Initial)         Full Name (Last, First, Middle Initial)         C.         BARDINE HAZLETT         Mailing Address       ALSO IST AVE S. SU         Office South Colspan="2">ST. DETTER BYNGG FC         Purpose of Disbursement         Office Sought:       DETTER BYNGG FC         Purpose of Disbursement       Candidate Name         MAR HANDEN         Office Sought:       House         Diffuse       Diffuse         Senate       Prissident         State:       FL         District:       / 3	337/2 Category/ Type General	Date of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		75000		

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)	
Detailed Summary Page       20a       20b       20c       21         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit.contributions from such committee.         NAME OF COMMITTEE (In Full)         MAME AHAMA HAMA-FW       Fon       Could off.			
Full Name (Last, First, Middle Initial)         A.       BB # T         Mailing Address       State         S85       CEUTAL AU         City       State         ST.       PETTAL BUGG         Purpose of Disblarsement       BANK FEEF         Candidate Name       MANA         Office Sought:       1 House         Disbursement Free       President         Office Sought:       1 House         Disbursement Formation       President         State:       District: / 3         Full Name (Last, First, Middle Initial)       First, Middle Initial)	Category/ Type	Date of Disbursement	
B. HILTON Mailing Address <u>950</u> <u>LAICE</u> <u>CAOLICON</u> City <u>State</u> <u>ST. PETHSBUG</u> <u>FL</u> Purpose of Disbursement <u>FUBN</u> <u>FOR</u> <u>CAMPAIGN</u> <u>K</u> Candidate Name <u>MIMA</u> <u>HAMDEN</u> Office Sought: <u>House</u> <u>Disbursement For</u> <u>Senate</u> <u>Primary</u> <u>President</u> <u>Other (sp</u>	CRC 777 Category/ Category/ Type	Date of Disbursement	
State: $f \in L$ District: $f \geq I$ Full Name (Last, First, Middle Initial)       C. $f \in L$ $f \in L$ $f \in L$ C. $f \in L$ Mailing Address $f \in L$ Mailing Address $f \in L$ Mailing Address $f \in L$ Mailing Address $f \in L$ Mailing Address $f \in L$ Mailing Address $f \in L$ Mailing Address $f \in L$ Office Sought: $f \in L$	3378/ 003 Category/ Type General	Date of Disbursement	
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FEC Schedule B (Form 3) (Revised 02/2009)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page hay not be sold or used by any	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19b 20a 20b 20c 21 person for the purpose of soliciting contributions
or for commercial purposes, other than using the name and         NAME OF COMMITTEE (In Full)         VINA       HAYS FW         Full Name (Last, First, Middle Initial)	address of any political committee Carborg	ee to solicit.contributions from such committee.
Full Name (Last, First, Middle Initial)         A.         VFRUNCULUTE(E)         Mailing Address         P. O.         Box         City         State         Purpose of Disbursement         Candidate Name         Office Sought:         President         Disbursement         Office Sought:         President         Disbursement For         Office Sought:         President         Other (s	Zip Code - 6 6 - 6 6 - Category/ Type r: General	Amount of Each Disbursement this Period $ \begin{array}{c}     \hline                                $
State:         District: / $\beta$ Full Name (Last, First, Middle Initial)         B.       Journal of the first of the	337/3 60/ Category/ Type r. General	
Full Name (Last, First, Middle Initial)	General	Date of Disbursement
SUBTOTAL of Disbursements This Page (optional)	······	
TOTAL This Period (last page this like number only)		ֈ ֈ ֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈ

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements n or for commercial purposes, other than using the name, and.	Use separate schedule(s) for each category of the Detailed Surumary Page may not be sold or used by any address of any political commit	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19b 20a 20b 20c 21 person for the purpose of soliciting contributions tee to solicit, contributions from such committee.
NAME OF COMMITTEE (In Full) <u>NINA HAYDEN FOR CON</u> Full Name (Last, First, Middle Initial) A. <u>PAYDAL</u> Mailing Address <u>22.11 N ISE SE</u> City State	Zip Code	Date of Disbursement
SHN JOIL       CA         Purpose of Dispursement       MITCHAINE ACCE FILLS         Candidate Name       ACCE FILLS         Candidate Name       MITCHAINE ACCE FILLS         Office Sought:       House         Disbursement For       Primary         President       Other (s         State:       FL         District:       (3)	General	J
J       Full Name (Last, First, Middle Initial)         B.       PAYPAL         Mailing Address       22/1         Address       22/1         City       State         Purpose of Disbursement       CA         Purpose of Disbursement       CA         Mailing Address       CA         Purpose of Disbursement       Occot         Candidate Name       MA         Mailing Address       Disbursement For         Senate       Primary         President       Other (s         State:       FL         District:       /3         Full Name (Last, First, Middle Initial)	General	Date of Disbursement D.5 ' 2.9 ' 2.872 Arnount of Each Disbursement this Period
C. PAYPAL Mailing Address 2211 N ISt St	General	Date of Disbursement
SUBTOTAL of Disbursements This Page (optional)	· · · · · · · · · · · · · · · · · · ·	- <u>++++++++++++++++++++++++++++++++++++</u>

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	Use separate schedule(s) for each category of the Detailed Suramary Page hay not be sold or used by any address of any political commit	FOR LINE NUMBER:     PAGE     OF       (check only one)     17     18     19a     19b       20a     20b     20c     21       person for the purpose of soliciting contributions     from such committee.
NAME OF COMMITTEE (In Full) NINA HAYDEN FOR CC Full Name (Last, First, Middle Initial)	ongress	
A. <u>PAYPAL</u> Mailing Address <u>2211</u> N <u>ISE SE</u> City State <u>SAN</u> <u>TOX</u> Purpose of Disbursement <u>MUCHAAH</u> <u>ACCH</u> <u>FUS</u> Candidate Name <u>NINA</u> <u>HAYDOW</u> Office Sought: <u>House</u> <u>Disbursement For</u> <u>Senate</u> <u>Primary</u> <u>President</u> <u>State</u> : <u>FL</u> District: <u>13</u>	General	Date of Disbursement
Full Name (Last, First, Middle Iniëal)         B.       PAYDAL         Mailing/Address       22/1         22/1       N       ISE         City       State         SAN       ISE         Purpose of Disbursement       CA         MUCHANF OCCH FULS       Candidate Name         MINA HAYDEN       Office Sought:         President       Primary         State:       The District:	General	Date of Disbursement
Full Name (Last, First, Middle Initial) C. <u>PAYPAL</u> Mailing Address 2211 N ISE SE	© Code 95/3/ 0.0.3 Category/ Type General Decify)	Date of Disbursement
SUBTOTAL of Disbursements This Page (optional)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

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FEC Schedule B (Form 3) (Revised 02/2009)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Suromary Page		FOR LINE NUMBER:     PAGE     OF       (check only one)     0     0     0       17     18     19a     19b       20a     20b     20c     21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) NINA HAYDEN FUR CON Full Name (Last, First, Middle Initial) A. <u>PAY PAL</u> Mailing Address 2211 N 1St St City SAN JOSE State Purpose of Disbursement <u>MERCHANT ACCT FEES</u> Candidate Name <u>NINA HAYDEN</u> Office Sought: House Disbursement For Senate President Other (s	Zip Code 95/3/ Category, Type	Date of Disbursement         066         Amount of Each Disbursement this Period
State:       FL       District: /3         Full Name (Last, First, Middle Initiol)         B.       PAYPAL         Mailing Address         2211       N         State         City       State         Purpose of Disbursement       CA         Purpose of Disbursement       MERCHANT ACCE FEES         Candidate Name       NINA HAYDEN         Office Sought:       House       Disbursement For:         Senate       Primary       Primary         State:       FL       District: /3	General	Date of Disbursement 237 / $28$ / $2012Amount of Each Disbursement this Period4$ - 150 - 150 - 509
Full Name (Last, First, Middle Initial)         C.       PAY PAL         Mailing Address       2211         2211       N       ISt         State       Zip         Shan       TDSE         Purpose of Disbursement       CFI         MERCHANT       ACCE         Candidate Name       NINA         NINA       HAY DEN         Office Sought:       X         President       Disbursement For:         Senate       Y         Primary       Other (sp.         State:       FL         District:       13	Code Code Code DDD Category/ Type General Decify)	
SUBTOTAL of Disbursements This Page (optional)		<u>3_3,7</u>

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ITEMIZED DISBURSEMENTS     for each category of the Detailed Summary Page     if     is     is     is       Ary Information copied from such Reports and Statements may not be add or used by any period for the page of a category of the or for canonecting pagesase, other. When using the name well address of any patient commutee to usel category of the page of the page of the pa	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
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A       PAYPAL       Date of Disbursement         Mailing Address       2211       N       15£       5£         City       CAN       TOSE       CA       95/31       Anount of Each Disbursement this Period         Mailing Address       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Disbursement For:       Cardidate Name       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Disbursement For:       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Other (specify)       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name         Mailing Address       Cardidate Name       Cardidate Name       Cardidate Name       Cardidate Name         Cardidate Name <t< th=""><th>or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)</th><th>address of any political commit</th><th>person for the purpose of soliciting contributions</th></t<>	or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	address of any political commit	person for the purpose of soliciting contributions
B.       PAYPAL       Date of Disbursement         Mailing Address       22.11       N FSt St       State       Zip Code         Child Address       22.11       N FSt St       State       Zip Code         Purpose of Disbursement       CA       95.131       Amount of Each Disbursement this Period         Purpose of Disbursement       Proceeding       Proceeding       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       Disbursement For:       Disbursement         Office Sought:       President       Disbursement For:       Disbursement         State:       FLI District: 13       Disbursement For:       Disbursement         Full Name (Last, First, Middle Initial)       CA       95.131         C.       Pay PaL       Disbursement       Disbursement for:         Mailing Address       Q.       State       Zip Code         Mailing Address       Candidate Name       CA       95.131         Mumpose of Disbursement       CA       95.131       Date of Disbursement for:         Mailing Address       Candidate Name       CA       95.131         Mumpose of Disbursement       CA       95.131       Primary         Candidate Name       Disbursement For:       S	A. <u>PAYPAL</u> Mailing Address <u>2211 N 1St St</u> City <u>SAN JOSE</u> Purpose of Disbursement <u>MITCHONT ACCT FEES</u> Candidate Name <u>NINA HAYDEN</u> Office Sought: <u>House</u> <u>Senate</u> <u>Primary</u> State: FL District: 13	Zip Code 95/3/ 0.0.3 Category/ Type	Amount of Each Disbursement this Period
C. <u>PAYPAL</u> Mailing Address <u>22-11 N 1St St</u> City <u>AN TOSE</u> <u>CA</u> <u>9.5/3/</u> Purpose of Disbursement <u>MUTCHONT ACCT FLES</u> Candidate Name <u>NINA HAYDEN</u> Office Sought: <u>House</u> <u>Benate</u> <u>President</u> State: FL District: /3 SUBTOTAL of Disbursements This Page (optional)	B. PAYPAL Mailing Address 2211 N PSt St City, State DAN JOSE Purpose of Disbursement Purpose of Disbursement Purpose of Disbursement Purpose of Disbursement Purpose of Disbursement Purpose of Disbursement CA Purpose of Disbursement Purpose of Disbursement Purpose of Disbursement CA Purpose	95/3/ D.0.3 Category/ Type	Amount of Each Disbursement this Period
	Full Name (Last, First, Middle Initial)         C.       PAYPAL         Mailing Address         2.2.1       N ISt St         City       State       Zip         SHAN       TOSE       CA       CA         Purpose of Disbursement       CA       CA       CA         Multichard Name       NINA       HA VDEN       Disbursement For:         Office Sought:       House       Disbursement For:       Vinary         President       Other (sp.       Other (sp.	25/3/ D.D.3 Category/ Type General	Amount of Each Disbursement this Period
	SUBTOTAL of Disbursements This Page (optional)		4,83

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FEC Schedule B (Form 3) (Revised 02/2009)

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NAME OF COMMITTEE (In Full) NINA HAYDEN FOR CC Full Name (Last, First, Middle Initial)	NGUIS	
A. <u>PAYDAL</u> Mailing Address <u>2211 N ISE SE</u> City State <u>City TOR</u> Purpose of Disbursement <u>MICACAE ACCE FLES</u> Candidate Name <u>NIAA HAYDEN</u> Office Sought: <u>House</u> <u>Senate</u> <u>Primary</u> <u>President</u> State: FL District: 13	Zip Code Q5/3/ DD3 Category/ Type General	Date of Disbursement
Full Name (Last, First, Middle Initial)         B.       PAYPAL         Malling Address       22/1         22/1       N       1St         City       State         City       State         Purpose of Discursement       CA         Purpose of Discursement       Muchant. Oucct Fluss         Candidate Name       N/NA         Mina HAYDEN       Office Sought:         President       Disbursement For:         State:       FL         District:       /3	General	Date of Disbursement
Full Name (Last, First, Middle Initial) C. <u>PAYPAL</u> Mailing Address 2211 N 1St St	General	Date of Disbursement DC ' D3 ' 2012 Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)		<u> </u>

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FEC Schedule B (Form 3) (Revised 02/2009)

	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) NINA HAYDEN FOR CO	ddress.of any political commit	
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FEC Schedule B (Form 3) (Revised 02/2009)

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

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Use separate schedule(s) for each category of the	(check onl	y one)		_	•		
Detailed Summary Page		17	18		19a		19b
		20a	20	b	20c		21

An	ny information copied from such Reports and Statements may not be sold or used by any po- for commercial purposes, other than using the came and address of any political committee	arson for the purpose of soliciting contributions to solicit contributions from such committee.
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	President Other (specify)	
	State: FL District: 13	
i I	Full Name (Last, First, Middle Initial)	
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## SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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Ar or	ny information copied from such Reports and Statements may not be sold or used by any per- r for commercial purposes, other than using the name and address of any political committee t	son for the purpose of soliciting contributions so salicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)	
	NINA HAYDEN FOR CONGRESS	
	Full Name (Last, First, Middle Initial)	
Α.	Paypal	Date of Disbursement
	Mailing Address 2211 N ISt St	04 04 2012
	City SAN JOSE CA 95/3/	Amount of Each Disbursement this Period
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Ի~ M1	Ning Hayden Type	
ц Л	Office Sought: House Disbursement For:	
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© T	Full Name (Last, First, Middle Initial)	
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C.		Date of Disbursement
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	Mailing Address 2211 N ISt St	04 02 2012
	City State Zip Code	Amount of Each Disbursement this Period
	San Jose CA 95131	Amount of Each Disbuisement this Ferror
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	Merchant acct fees 0.0.3	
	Candidate Name NINA Hayden Type	
	Office Sought: House Disbursement For:	
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	President Other (specify)	
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         17         18         19a         19b           20a         20b         20c         21
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Full Name (Last, First, Middle Initial) A. Paypol Mailing Address <u>2211</u> N 1St St City SAN JOSE Purpose of Disbursement MINChant acct fees Candidate Name MINA Hayden	State Zip Code CA 95/3/ DD3 Category/ Type	Date of Disbursement
Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) State: FL District: 13 Full Name (Last, First, Middle Initial) Senate Pull Name (Last, First, Middle Initial) Senate Pull Name (Last, First, Middle Initial) Senate Senate Pull Name (Last, First, Middle Initial) Senate	ement For: Primary General Other (specify) State Zip Code CA 95/3/ Category/ Type ement For: Primary General Other (specify)	har and a start a start of the set of the set of the set of the set
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## SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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	NAME OF COMMITTEE (In Full)				
$\mathbb{Z}$	NiNA Hayden for congress				
	Full Name (Last, First, Middle Initial)				
Α.	Paypal	Date of Disbursement			
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	Mailing Address 2211 N 1St St	$[09] [01] \neq 0.12$			
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or	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such				
$ \rangle$	NAME OF COMMITTEE (In Full)				
$ \rangle$	NINA HAYSTU FOR (	antar PI			
· /	NINA MADOR Jon				
	Full Name (Last, First, Middle Initial)				
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SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page
NAME OF COMMITTEE (In Full)	
WINA HAYSTA For C	ONGIOL ()
LOAN SOURCE Full Name (Last, First, Middle Initial) HAYS FW WINA L	Election: Primary General
Mailing Address <i>P. O. 636X</i> 178// City State ZIP Co	Other (specify)
	ode
CLEARWATTER FL 33	762
Original Amount of Loan Cumulative Payment To	
9,100.00 3,800.00	5,300.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
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	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Party and
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding: Complementary Complementary Complementary
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	► <u>5300.06</u>
TOTALS This Period (last page in this line only)	► <u>5300,00</u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

FE5AN018

SCHEDULE C-	1 (FEC F	Form 3)				
LOANS AND L	INES OF	CREDIT	FROM	LENDING	INSTITU	<b>FIONS</b>

Supplementary for Information found on Page <u>Ø</u> of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME	OF COMMITTEE (In Full)	· · · · · · ·	FEC	DENTIFICATION NUMBER		
	NINA HAYDEN For C	walkess	C	00514950		
	NG INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)		
Full Na	N/A	line - <sup>n</sup> eart tean 2 an than tan than tean t	Ø	%		
Mailing	Address	Date Incurred or Established	1 11	/ (D <sup>-</sup> <sup>2</sup> D <sup>-</sup> ) / <sup>3</sup> ·		
City	State Zip Code	Date Due				
Α.	Has loan been restructured? No Yes	If yes, date originally incurre				
В.	If line of credit, Amount of this Draw:	Outstanding				
C.	Are other parties secondarily liable for the debt income No Yes (Endorsers and guarantors r	urred? must be reported on Schedule C.	)			
<ul> <li>D. Are any of the following pledged as collateral for the loan: property, goods, negotiable instruments, certificates of depo stocks, accounts receivable, cash on deposit, or other simil</li> <li>No</li> <li>Yes</li> <li>If yes, specify:</li> </ul>		of deposit, chattel papers,		hat is the value of this collateral?		
			Does the ler	nder have a perfected security ? No Yes		
E.	Are any future contributions or ruture receipts of intro- collateral for the loan? No Yes If yes,	erest income, pleageatas , specify:	17			
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).					
	Date account established:	Address: City, State, Zip:				
F.	If neither of the types of collateral described above exceed the loan amount, state the basis upon whic					
G.	COMMITTEE TREASURER Typed Name		DATE	\ <u>0 0 0</u>   .		
	Signature		<u> </u>			
<u>н.</u>	Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION:					
ı.	<ol> <li>To the best of this institution's knowledge, the are accurate as stated above.</li> <li>The loan was made on terms and conditions similar extensions of credit to other borrowers</li> </ol>	(including interest rate) no more f	avorable at th	ne time than those imposed for		
	III. This institution is aware of the requirement that complied with the requirements set forth at 11	at a loan must be made on a bas I CFR 100.82 and 100.142 in ma	is which ass king this loan	ures repayment, and has		
	DRIZED REPRESENTATIVE		DATE			
Signat	Name	Title	M <sup>L</sup> M			

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FE5AN018

SCHEDULE D (FEC Form 3)		(Use separate	PAGE OF
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (IN Full) SINA HAYS-EN	Ton Corbri	ē.sŗ	
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period		Outstandi	ing Balance at Close of This Period
lan an' ama 'na Dana 'na Kana 'na Ana '	ji Lanadaan Sama Dame Saran Saran Dan Kaburatan Kaburatan Kaburata	h il	ینمندزیز،یامیدینی، میشکریکمند. 
B. Full Name (Last, First, Middle Initial) of Debr	tor or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
i	llen et egyet en en grand en en ferendiger anderen efferendiger en en gester en en gester en en gester en en g		y <sup>1</sup> iar-1- <b>athordor (1</b> 0 a.c. 17 a 16 a.c.
C. Full Name (Last, First, Middle Initial) of Det	otor or Creditor	Nature of C	Debt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period	·	I	
Amount Incurred This Period	Payment This Period		ing Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)		►	
2) TOTALS This Period (last page this line numb	er only)		<u>, ,                                  </u>
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•	5300.00
4) ADD 2) and 3) and carry forward to appropria	ate line of Summary Page (last page c	only) ►	5,300,00

FEC Schedule D (Form 3) (Revised 02/2003)

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	IING DOCUMENTS			
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation <sup>™</sup> or Signature Confirmation <sup>™</sup> Label				
USPS Express Mail	Postmarked			
Postmark Illegible	· · · ·			
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business Day Delivery				
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Date Date	of Receipt or Postmarked			
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Thu IJ	7/19/12			

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