

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 JUL 19 PM 2:19

Office Use Only FEDERAL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

WINA HAYDEN FOR CONGRESS

ADDRESS (number and street)

PO BOX 17811

Check if different than previously reported. (ACC)

CLEARWATER FL 33762

2. FEC IDENTIFICATION NUMBER

C00514950

3. IS THIS REPORT NEW OR AMENDED

CITY STATE ZIP CODE STATE DISTRICT FL 113

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), Termination Report (TER)

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

- Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

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

- General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

04/01/2012 through 06/30/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WINA HAYDEN

Signature of Treasurer [Handwritten Signature]

Date 07/08/2012

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

Table with 10 columns and 1 row, labeled 'Office Use Only'.

FEC FORM 3 (Revised 02/2003)

12030853730

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

---

Report Covering the Period: From:

04 ' 09 ' 2012

To:

06 ' 30 ' 2012

**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)) ....

5,288.00

18,712.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0

0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

5,288.00

18,712.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

23,994.65

24,504.54

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0

0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

18.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

5,300.00

**For further information contact:**

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

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

12030853731

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

04' 01' 2012

To:

06' 30' 2012

**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).....

5,288.00

18,712.00

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

5,288.00

18,712.00

(b) Political Party Committees.....

0

0

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

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS

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

5,288.00

18,712.00

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

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

9,100.00

9,100.00

(b) All Other Loans.....

0

0

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

9,100.00

9,100.00

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

0

0

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

0

0

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

14,388.00

27,812.00

12030853732

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	23,994.65	24,504.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	3,800.00	3,800.00
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	3,800.00	3,800.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►		

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13,014.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14,388.00
25. SUBTOTAL (add Line 23 and Line 24).....	27,812.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27,794.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18.00

12030853733

**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 OF

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

*VINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *VISCO LISA M*

Mailing Address

*1240 S. MISSOURI AVE # 415*

City State Zip Code

*CLEARWATER FL 33750*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*PUBLIC DEFENDING OFFICE*

Occupation

*ATTORNEY*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*05 / 15 / 2012*

Amount of Each Receipt this Period

*25.00*

B. *GUETTER MARION*

Mailing Address

*6300 30th AVE N*

City State Zip Code

*ST PETERS FL 33710*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BAYFRONT*

Occupation

*NURSE*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*403.00*

Date of Receipt

*05 / 15 / 2012*

Amount of Each Receipt this Period

*80.00*

C. *GOODALE PEGGY*

Mailing Address

*7232 118 AVE*

City State Zip Code

*LARGO FL 33773*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*RETIRED*

Occupation

*RETIRED*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*10.00*

Date of Receipt

*05 / 15 / 2012*

Amount of Each Receipt this Period

*10.00*

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

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

*55.00*

12030853734

**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 OF

<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)

*Nina Hayden for Congress*

Full Name (Last, First, Middle Initial)

*SMITH ARNETT*

A. Mailing Address

*4900 HYACINTH WAY S*

City State Zip Code

*ST PETERSBURG FL 33705*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*30.00*

Date of Receipt

*06 / 01 / 2012*

Amount of Each Receipt this Period

*30.00*

Full Name (Last, First, Middle Initial)

*HAVEN SHARON*

B. Mailing Address

*2433 66th AVE S*

City State Zip Code

*ST. PETERSBURG FL 33712*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*06 / 05 / 2012*

Amount of Each Receipt this Period

*25.00*

Full Name (Last, First, Middle Initial)

*COBB, BARRY*

C. Mailing Address

*10722 BOYETTE CREEK*

City State Zip Code

*RIVERVIEW FL 33569*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*04 / 01 / 2012*

Amount of Each Receipt this Period

*25.00*

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

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

*80.00*

*80.00*

12030853735

**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 OF

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

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NAME OF COMMITTEE (In Full)

*NINA HANSEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *DAWSON PATRICKA*

Mailing Address

*5407 87th AVE S.*

City

*GULFPORT*

State

*FL*

Zip Code

*33707*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

*06* / *01* / *2012*

Amount of Each Receipt this Period

*25.00*

B. *NAWAB AHMAD*

Mailing Address

*7229 17th CT. N.E.*

City

*ST. PETERSBURG*

State

*FL*

Zip Code

*33702*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*05* / *09* / *2012*

Amount of Each Receipt this Period

*25.00*

C. *WATERS RICHARD*

Mailing Address

*2400 FEATHER SOUND DR # 331*

City

*CLEARWATER*

State

*FL*

Zip Code

*33762*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

*RETIREE*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*06* / *04* / *2012*

Amount of Each Receipt this Period

*25.00*

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

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

*75.00*

12030853736

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

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)  
*SINA HANSEN For CONGRESS*

Full Name (Last, First, Middle Initial)  
*FLANAGAN DYRIL*

Mailing Address  
*111 2ND AVE NE Suite 905*

City State Zip Code  
*ST PETERSBURG FL 33701*

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

Name of Employer  
*SELF*

Occupation  
*ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*250.00*

Date of Receipt  
MM ' DD ' YYYY  
*06 ' 12 ' 2012*

Amount of Each Receipt this Period  
*150.00*

Full Name (Last, First, Middle Initial)  
*T SNA PROPERTY MGMT. STRATEGY LLC*

Mailing Address  
*2887 POST ROCK DR*

City State Zip Code  
*TAMPA SPRINGS FL 34688*

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

Name of Employer  
*SELF*

Occupation  
*BUSINESS*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*500.00*

Date of Receipt  
MM ' DD ' YYYY  
*06 ' 03 ' 2012*

Amount of Each Receipt this Period  
*500.00*

Full Name (Last, First, Middle Initial)  
*FUTERMAN ROBERT*

Mailing Address  
*13620 49th STREET NORTH*

City State Zip Code  
*CLEARWATER FL 33762*

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

Name of Employer  
*SELF*

Occupation  
*ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*200.00*

Date of Receipt  
MM ' DD ' YYYY  
*05 ' 31 ' 2012*

Amount of Each Receipt this Period  
*200.00*

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

*850.00*

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

12030853737



**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 OF	
	<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)  
*NINA HAYDEN FOR CONGRESS*

12030853738

A. Full Name (Last, First, Middle Initial)  
*CARLSON TAMARA*

Mailing Address  
*3792 WINDBER BLVD.*

City State Zip Code  
*PALM HARBOR FL 34685*

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

Name of Employer Occupation  
*SELF ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*100.00*

Date of Receipt  
*06 01 2012*

Amount of Each Receipt this Period  
*100.00*

B. Full Name (Last, First, Middle Initial)  
*ZADI FAHUKAH*

Mailing Address  
*2818 AMBASSADOR DRIVE*

City State Zip Code  
*PALM HARBOR FL 34685*

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

Name of Employer Occupation  
*SELF DOCTOR*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*200.00*

Date of Receipt  
*06 01 2012*

Amount of Each Receipt this Period  
*200.00*

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

Mailing Address  
*2517 MADRID WAY SOUTH*

City State Zip Code  
*ST. PETERSBURG FL 33712*

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*25.00*

Date of Receipt  
*05 19 2012*

Amount of Each Receipt this Period  
*25.00*

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

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

*325.00*

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

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

FOR LINE NUMBER:		PAGE		OF	
<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"/>		<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *SHORT MARLA*

Mailing Address

*2501 W. BAY ISLE DR. SE*

City State Zip Code

*SAINT PETERSBURG FL 33705*

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

*06 05 2012*

Amount of Each Receipt this Period

*50.00*

Full Name (Last, First, Middle Initial)

B. *DUNKAN TISHIA*

Mailing Address

*1300 HULL ST S*

City State Zip Code

*GULFPORT FL 33707*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*200.00*

Date of Receipt

*06 01 2012*

Amount of Each Receipt this Period

*100.00*

Full Name (Last, First, Middle Initial)

C. *SALMON PAULINE*

Mailing Address

*2841 1ST AVE N*

City State Zip Code

*ST. PETERSBURG FL 33712*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*300.00*

Date of Receipt

*06 01 2012*

Amount of Each Receipt this Period

*100.00*

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

*250.00*

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

12030853739

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

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)  
*NINA HADWIN FOR CONGRESS*

Full Name (Last, First, Middle Initial)  
*HOLWESS JANA*

A. Mailing Address  
*5444 Arlington Ave 643*

City State Zip Code  
*BRONX NY 10471*

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

Name of Employer  
*NEW YORK SCHOOL SYSTEM*

Occupation  
*TEACHER*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*50.00*

Date of Receipt  
*04 / 28 / 2012*

Amount of Each Receipt this Period  
*50.00*

Full Name (Last, First, Middle Initial)  
*ALMATA GREGORY*

B. Mailing Address  
*13266 SW 99th TRL*

City State Zip Code  
*MIAMI FL 33186*

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

Name of Employer  
*NONE*

Occupation  
*STUDENT*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*4.00*

Date of Receipt  
*05 / 15 / 2012*

Amount of Each Receipt this Period  
*4.00*

Full Name (Last, First, Middle Initial)  
*THE HERBERT LAW GROUP*

C. Mailing Address  
*5250 ULMERTON RD*

City State Zip Code  
*CLEARWATER FL 33760*

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

Name of Employer  
*SUP*

Occupation  
*ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*100.00*

Date of Receipt

Amount of Each Receipt this Period  
*100.00*

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

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

*154.00*

12030853740

**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 OF

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

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NAME OF COMMITTEE (In Full)

*MINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *BRAZEL YARITZA*

Mailing Address

*6451 12<sup>th</sup> ST. SO.*

City

*ST. PETERSBURG*

State

*FL*

Zip Code

*33705*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*CLEANING AGENCY*

Occupation

*CLEANER*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*40.00*

Date of Receipt

*05* / *15* / *2012*

Amount of Each Receipt this Period

*40.00*

Full Name (Last, First, Middle Initial)

B. *CHAPPEL MARTY*

Mailing Address

*1422 PEACEFUL CANY*

City

*SILVER SPRING*

State

*MD*

Zip Code

*20904*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*MON. COUNTY PUBLIC SCHOOLS*

Occupation

*TEACHER*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*17.00*

Date of Receipt

*04* / *28* / *2012*

Amount of Each Receipt this Period

*17.00*

Full Name (Last, First, Middle Initial)

C. *HAYDEN, SANDY*

Mailing Address

*530 GILMAN PL N*

City

*ST. PETERSBURG*

State

*FL*

Zip Code

*33716*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*RETIRED*

Occupation

*RETIRED*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*27.00*

Date of Receipt

*05* / *28* / *2012*

Amount of Each Receipt this Period

*27.00*

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

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

*84.00*

12030853741

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

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
<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)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *BALSLEY SUSAN T.*

Mailing Address

*75 SUNSET AVE*

City

*TERRA CEIA*

State

*FL*

Zip Code

*34250*

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*04 / 10 / 2012*

Amount of Each Receipt this Period

*25.00*

Full Name (Last, First, Middle Initial)

B. *SATHYASHELAGA VINYA*

Mailing Address

*6625 61ST PL*

City

*RIVERDALE MD*

State

*MD*

Zip Code

*20737*

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

*04 / 28 / 2012*

Amount of Each Receipt this Period

*100.00*

Full Name (Last, First, Middle Initial)

C. *LEBIN CECILIA*

Mailing Address

*8725 CARROLL AVE*

City

*SILVER SPRING MD*

State

*MD*

Zip Code

*20903*

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*35.00*

Date of Receipt

*04 / 28 / 2012*

Amount of Each Receipt this Period

*10.00*

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

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

*135.00*

12030853742

**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 OF

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

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)

*NINA HANSEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *MILLEN MARILYN*

Mailing Address

*804 BOUGH AVENUE*

City State Zip Code

*CLEARWATER FL 33760*

FEC ID number of contributing federal political committee.

*C 50.00*

Name of Employer

*RETIRED*

Occupation

*RETIRED*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*50.00*

Date of Receipt

*05 / 15 / 2012*

Amount of Each Receipt this Period

*50.00*

Full Name (Last, First, Middle Initial)

B. *MC INNIS MAUREN J*

Mailing Address

*770 61ST ST*

City State Zip Code

*PINELAS PK FL 33781*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*05 / 15 / 2012*

Amount of Each Receipt this Period

*25.00*

Full Name (Last, First, Middle Initial)

C. *SAEGERT JOAN*

Mailing Address

*2043 DENMARK ST. APT 69*

City State Zip Code

*CLEARWATER FL 33763*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*35.00*

Date of Receipt

*05 / 10 / 2012*

Amount of Each Receipt this Period

*35.00*

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

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

*110.00*

12030853743

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

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

FOR LINE NUMBER:		PAGE	OF
<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			

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)

*VINA HAYSTON FOR CONGRESS*

Full Name (Last, First, Middle Initial)

**A.** *PORT STEWIS*  
Mailing Address  
*4710 WELCH CSWY*  
City State Zip Code  
*MADENA BEACH FL 33708*

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

*05 15 2012*

Amount of Each Receipt this Period

*50.00*

**B.** *ONG, MAIK*  
Mailing Address  
*10028 STRAFFORD OAK CT #720*  
City State Zip Code  
*TAMPA FL 33624*

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
*ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*50.00*

Date of Receipt

*05 15 2012*

Amount of Each Receipt this Period

*50.00*

**C.** *ASHLEY MARLA*  
Mailing Address  
*439 DOGWOOD CT*  
City State Zip Code  
*DUNEDIN FL 34698*

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
*PUBLIC DEFENSE OFFICER LEGAL ASSISTANT*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*25.00*

Date of Receipt

*05 15 2012*

Amount of Each Receipt this Period

*25.00*

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

*125.00*

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

*125.00*

12030853744

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

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

NAME OF COMMITTEE (In Full)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *WORDEN EMILY L.*  
 Mailing Address  
*2251 65th TER S. APT 440*  
 City State Zip Code  
*SAINT PETERSBURG FL 33712*  
 FEC ID number of contributing federal political committee.  C  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
*25.00*

Date of Receipt  
 MM ' DD ' YYYY  
*05 ' 15 ' 2009*

Amount of Each Receipt this Period  
*25.00*

B. *JACKSON JAMES H*  
 Mailing Address  
*251 23RD AVE S*  
 City State Zip Code  
*ST PETERSBURG FL 33705*  
 FEC ID number of contributing federal political committee.  C  
 Name of Employer Occupation  
*PINELLAS COUNTY SCHOOLS TEACHER*  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
*100.00*

Date of Receipt  
 MM ' DD ' YYYY  
*05 ' 15 ' 2012*

Amount of Each Receipt this Period  
*100.00*

C. *McMULLEN ANNE DRAKE*  
 Mailing Address  
*704 BRIGADON DR.*  
 City State Zip Code  
*CLIFTON HILLS FL 33755*  
 FEC ID number of contributing federal political committee.  C  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
*25.00*

Date of Receipt  
 MM ' DD ' YYYY  
*05 ' 15 ' 2012*

Amount of Each Receipt this Period  
*25.00*

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

*150.00*

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

12030853745



**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	OF
<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)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *SNELL LAURA*

Mailing Address

*781 - 7th AVE NE*

City State Zip Code

*LARGO FL 33770*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*PUBLIC DEFENDING OFFICE*

Occupation

*ATTORNEY*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*05 / 16 / 2012*

Amount of Each Receipt this Period

*25.00*

B. *REID LAVERN*

Mailing Address

*10248-102 PRINCE PL*

City State Zip Code

*UPPER MARLBORO MD 20724*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*20.00*

Date of Receipt

*04 / 28 / 2012*

Amount of Each Receipt this Period

*20.00*

C. *HOLGHT FLEWOR P*

Mailing Address

*13405 GWYNN PARK CT*

City State Zip Code

*BRANDY WINE, MD 20613*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*10.00*

Date of Receipt

*04 / 28 / 2012*

Amount of Each Receipt this Period

*10.00*

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

*55.00*

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

12030853746

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

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

FOR LINE NUMBER:		PAGE	OF
(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)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *SWEET, LAURIE K*

Mailing Address

*1964 LAUGHING GILL LN*

City

State

Zip Code

*CLEARWATER FL 33762*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*YEAZEL SWEET FIRM*

Occupation

*LAWYER*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*425.00*

Date of Receipt

*06 ' 06 ' 2012*

Amount of Each Receipt this Period

*200.00*

B. *MINNETI JEFFREY J.*

Mailing Address

*1130 EDEN ISLE DR NE*

City

State

Zip Code

*ST PETERS BURG FL 33704*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*STETSON UNIV. COLLEGE OF LAW*

Occupation

*LAWYER / PROFESSOR*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*800.00*

Date of Receipt

*06 ' 07 ' 2012*

Amount of Each Receipt this Period

*500.00*

C. *WANDA SAUIS*

Mailing Address

*8040 LAKE WAUWATTA*

City

State

Zip Code

*WINTER PARK FL 32792*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*FL HOSPITAL*

Occupation

*PASTOR*

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

*100.00*

Date of Receipt

*04 ' 17 ' 2012*

Amount of Each Receipt this Period

*100.00*

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

*800.00*

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

*800.00*

12030853747

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

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

FOR LINE NUMBER:		PAGE	OF
<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)  
*NINA HANSEN FOR CONGRESS*

A. Full Name (Last, First, Middle Initial)  
*FELDMAN HOWARD W*

Mailing Address  
*7920 SUN ISLAND DR S APT 306*

City State Zip Code  
*SOUTH PASADENA FL 33707*

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

Name of Employer Occupation  
*ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*30.00*

Date of Receipt  
*04' 13' 2012*

Amount of Each Receipt this Period  
*30.00*

B. Full Name (Last, First, Middle Initial)  
*IRVIN GRADY*

Mailing Address  
*1207 N HIMES AVENUE*

City State Zip Code  
*TAMPA FL 33607*

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

Name of Employer Occupation  
*SELF EMPLOYED ATTORNEY*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*250.00*

Date of Receipt  
*04' 18' 2012*

Amount of Each Receipt this Period  
*250.00*

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

Mailing Address  
*2001 83 RD AVE N LOT 1093*

City State Zip Code  
*ST PETERSBURG FL 33702*

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*25.00*

Date of Receipt  
*05' 19' 2012*

Amount of Each Receipt this Period  
*25.00*

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

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

*305.00*

12030853748

**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	OF
<input 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)  
**NINA HAYDEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HECKMAN, CAROLYN**

Mailing Address  
**2150 1st Ave South, Suite 2**

City **St Petersburg** State **FL** Zip Code **33712**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **30.00**

Date of Receipt  
**04** / **04** / **2012**

Amount of Each Receipt this Period  
**30.00**

**B.** Full Name (Last, First, Middle Initial)  
**PALMA, JONATHAN**

Mailing Address  
**5510 ROOSEVELT BLVD**

City **Clearwater** State **FL** Zip Code **33760**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **25.00**

Date of Receipt  
**04** / **03** / **2012**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address  
**2863 West Bay Isle DR. SE**

City **Saint Petersburg** State **FL** Zip Code **33705**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **25.00**

Date of Receipt  
**04** / **02** / **2012**

Amount of Each Receipt this Period  
**25.00**

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

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

**80.00**

12030853749

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

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NAME OF COMMITTEE (in Full)  
**NINA HAYDEN FOR CONGRESS**

**A. Mezer, Steven**  
Full Name (Last, First, Middle Initial)

Mailing Address  
**5209 ENCLAVE DRIVE**

City **OLDSMAR** State **FL** Zip Code **34677**

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

Name of Employer **BUSH ROSS** Occupation **ATTORNEY**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt **04' 02' 2012**

Amount of Each Receipt this Period **100.00**

**B. BERJE, DEBORAH**  
Full Name (Last, First, Middle Initial)

Mailing Address  
**2901 67th AVE. SO**

City **Saint Petersburg** State **FL** Zip Code **33712**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt **04' 02' 2012**

Amount of Each Receipt this Period **25.00**

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

Mailing Address  
**534 1st AVE N**

City **Saint Petersburg** State **FL** Zip Code **33704**

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 **04' 01' 2012**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

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

12030853750

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

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

FOR LINE NUMBER:		PAGE	OF
<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	

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)

**NINA HAYDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HAWKINS, GORDON**

Mailing Address

**180 E. MADEIRA AV**

City

**MADEIRA BEACH**

State

**FL**

Zip Code

**33708**

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

**06 ' 30 ' 2012**

Amount of Each Receipt this Period

**50.00**

Full Name (Last, First, Middle Initial)

**B. FIND THE MUSIC IN YOU**

Mailing Address

**5145 55th St N**

City

**SAINT PETERSBURG**

State

**FL**

Zip Code

**33709**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**10.00**

Date of Receipt

**06 ' 28 ' 2012**

Amount of Each Receipt this Period

**10.00**

Full Name (Last, First, Middle Initial)

**C. GUETTLER, MARION I**

Mailing Address

**6300 30th AVE N**

City

**SAINT PETERSBURG FL 33710**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

**BACK FRONT**

**NURSE**

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**403.00**

Date of Receipt

**06 ' 23 ' 2012**

Amount of Each Receipt this Period

**25.00**

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

**85.00**

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

**85.00**

12030853751

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

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

FOR LINE NUMBER: PAGE OF  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

**NINA HAYDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THOMAS, JOSEPH**

Mailing Address

**5427 SALTAMONTE DR**

City

**NEW PORT RICHEY**

State

**FL**

Zip Code

**34655**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**10.00**

Date of Receipt

**06 ' 23 ' 2012**

Amount of Each Receipt this Period

**10.00**

Full Name (Last, First, Middle Initial)

**B. LEGER, CECILIA**

Mailing Address

**8725 CARROLL AVE**

City

**SILVER SPRING**

State

**MD**

Zip Code

**20903**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**25.00**

Date of Receipt

**06 ' 22 ' 2012**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

**C. ALLYN, JAN**

Mailing Address

**9629 105th AVE**

City

**LARGO**

State

**FL**

Zip Code

**33773**

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

**06 ' 19 ' 2012**

Amount of Each Receipt this Period

**100.00**

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

**135.00**

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

**135.00**

12030853752

**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		OF	
<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"/> 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)

**NINA HAYDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HAYDEN, SHAWN**

Mailing Address

**674 FORTANINI CIRCLE**

City  
**OCFEE**

State  
**FL**

Zip Code  
**34761**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**FL CONFERENCE OF SDA**

Occupation

**ASST. TO TREASURER**

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**50.00**

Date of Receipt

**06 / 11 / 2012**

Amount of Each Receipt this Period

**50.00**

Full Name (Last, First, Middle Initial)

**B. WILLIAMS, DEBORAH**

Mailing Address

**212 17th AVENUE N**

City  
**SAINT PETERSBURG**

State  
**FL**

Zip Code  
**33704**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Receipt For:

Primary  General  
 Other (specify)

Occupation

Election Cycle-to-Date

**25.00**

Date of Receipt

**06 / 03 / 2012**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

**C. MC NALLY, STACY**

Mailing Address

**706 W. FRIBLEY ST.**

City  
**TAMPA**

State  
**FL**

Zip Code  
**33603**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**PUBLIC DEFENDERS OFFICE**

Occupation

**LAWYER**

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**06 / 03 / 2012**

Amount of Each Receipt this Period

**250.00**

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

**325.00**

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

12030853753



**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	OF
<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)  
**NINA HAYDEN FOR CONGRESS**

**A. JACOBS, RICHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1355 PINELLAS BAYWAY S #10**  
 City: **TIERRA VERDE** State: **FL** Zip Code: **33715**  
 Date of Receipt: **06 / 02 / 2012**  
 Amount of Each Receipt this Period: **1,000.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **TRUMAN & KEMPKE** Occupation: **LAWYER**  
 Receipt For:  Primary  General  Other (specify)  
 Election Cycle-to-Date: **1,000.00**

**B. HADLEY, KEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **11850 DR. MLK ST N**  
 City: **SAINT PETERSBURG** State: **FL** Zip Code: **33716**  
 Date of Receipt: **06 / 01 / 2012**  
 Amount of Each Receipt this Period: **50.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: Occupation: **LAWYER**  
 Receipt For:  Primary  General  Other (specify)  
 Election Cycle-to-Date: **50.00**

**C. LERNER, LINDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **8022 OAK FOREST BLVD**  
 City: **SEMINOLE** State: **FL** Zip Code: **33776**  
 Date of Receipt: **06 / 01 / 2012**  
 Amount of Each Receipt this Period: **1,000.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **PINELLAS COUNTY SCHOOLS** Occupation: **SCHOOL BOARD MEMBER**  
 Receipt For:  Primary  General  Other (specify)  
 Election Cycle-to-Date: **1,000.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **2,500.00**  
**TOTAL** This Period (last page this line number only) .....

12030853754

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

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

FOR LINE NUMBER:		PAGE	OF
<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)

**NINA HAYDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HAYDEN, SANDRA**

Mailing Address

**3500 OLIVE BRANCH DRIVE**

City **SILVER SPRING**

State

**MD**

Zip Code

**20904**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**(RETIRED)**

Occupation

**RETIRED**

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**77.00**

Date of Receipt

**05 ' 31 ' 2012**

Amount of Each Receipt this Period

**50.00**

Full Name (Last, First, Middle Initial)

**B. HOPE, MICHAEL**

Mailing Address

**4708 NEWBOURNE WAY**

City **VALRICO**

State

**FL**

Zip Code

**33594**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

**ATTORNEY**

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**50.00**

Date of Receipt

**05 ' 29 ' 2012**

Amount of Each Receipt this Period

**50.00**

Full Name (Last, First, Middle Initial)

**C. SWEET, KARA**

Mailing Address

**3040 OASIS GRAND BLVD #3004**

City **FORT MYERS**

State

**FL**

Zip Code

**33916**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**BARK HOUSE BUCK MARICCA**

Occupation

**MANAGER**

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

**25.00**

Date of Receipt

**05 ' 15 ' 2012**

Amount of Each Receipt this Period

**25.00**

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

**125.00**

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

**125.00**

12030853755

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

**A.** SHANE, JIM  
Mailing Address 2863 SUFFOLK CT  
City MARIETTA State GA Zip Code 30062  
FEC ID number of contributing federal political committee. C  
Name of Employer \_\_\_\_\_ Occupation STUDENT  
Receipt For:  Primary  General  Other (specify) \_\_\_\_\_  
Election Cycle-to-Date 25.00

Date of Receipt

05 / 15 / 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** HERNANDEZ, WANDA  
Mailing Address 1200 37th Street N  
City SAINT PETERSBURG State FL Zip Code 33713  
FEC ID number of contributing federal political committee. C  
Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Receipt For:  Primary  General  Other (specify) \_\_\_\_\_  
Election Cycle-to-Date 25.00

Date of Receipt

05 / 15 / 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** CAMPBELL, YASHEARA  
Mailing Address 4211 WINDING RIVER WAY  
City LAND O LAKES State FL Zip Code 34639  
FEC ID number of contributing federal political committee. C  
Name of Employer \_\_\_\_\_ Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) \_\_\_\_\_  
Election Cycle-to-Date 100.00

Date of Receipt

05 / 14 / 2012

Amount of Each Receipt this Period

100.00

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

150.00

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

150.00

12030853756

**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	OF
<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)  
**NINA HAYDEN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**WARD - SINGLETON, ASHLEY**

Mailing Address  
**11908 10th LANE NORTH**

City  
**SAINT PETERSBURG** State  
**FL** Zip Code  
**33716**

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

Name of Employer Occupation  
**ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**50.00**

Date of Receipt  
**05 / 14 / 2012**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**ANGRY HEATHER**

Mailing Address  
**2647 ~~AW~~ 84 WAY**

City  
**COOPER CITY** State  
**FL** Zip Code  
**33024**

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  
**05 / 14 / 2012**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address  
**4711 17th Street West**

City  
**PALMETTO** State  
**FL** Zip Code  
**34221**

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

Name of Employer Occupation  
**ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
**05 / 11 / 2012**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....  
**300.00**

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

12030853757

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

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

FOR LINE NUMBER: PAGE OF

(check only one)

11a  11b  11c  11d

12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

NINA HAYDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARRION, RAMON

Mailing Address

622 QUAIL KEEP DRIVE

City

Safety Harbor

State

FL

Zip Code

34695

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

05 / 11 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. KING FRANCIS

Mailing Address

233 GRAND BLVD

City

TARDON SPRINGS

State

FL

Zip Code

34689

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

ATTORNEY

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

04 / 26 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. LEWIS, CANDACE

Mailing Address

33307 WEXWOOD DR

City

DADE CITY

State

FL

Zip Code

33523

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

04 / 08 / 2012

Amount of Each Receipt this Period

10.00

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

110.00

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

110.00

12030853758

**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	OF
<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)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A.

*WOOD FIRED PIZZA*

Mailing Address

*344 1ST AVE SOUTH*

City

*ST PETERSBURG FL 33701*

Purpose of Disbursement

*FOOD FOR CAMPAIGN*

Candidate Name

*NINA HAYDEN*

**007**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

**05 10 2012**

Amount of Each Disbursement this Period

**66.65**

B.

*MITY MO DESIGN*

Mailing Address

*433 CENTRAL AVE Ste 209*

City

*ST PETERSBURG FL 33701*

Purpose of Disbursement

*CAMPAIGN MATERIAL*

Candidate Name

*NINA HAYDEN*

**006**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

**05 25 2012**

Amount of Each Disbursement this Period

**525.24**

C.

*MITY MO DESIGN*

Mailing Address

*433 CENTRAL AVE Ste 209*

City

*ST PETERSBURG FL 33701*

Purpose of Disbursement

*WEBSITE*

Candidate Name

*NINA HAYDEN*

**004**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Date of Disbursement

**05 22 2012**

Amount of Each Disbursement this Period

**500.00**

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

**1091.89**

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

**1091.89**

12030853759

**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	OF
	<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)  
**NINA HAYDEN FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
**DEPARTMENT OF STATE**

Date of Disbursement  
MM ' DD ' YYYY  
**06 ' 29 ' 2012**

Mailing Address  
**500 S BRONOUGH ST # 316**

City  
**TALLAHASSEE FL** State Zip Code  
**32399**

Purpose of Disbursement  
**QUALIFYING FEE**

Candidate Name  
**NINA HAYDEN**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **FL** District: **13**

Amount of Each Disbursement this Period  
**10,440.00**

Category/Type  
**001**

**B.**

Full Name (Last, First, Middle Initial)  
**DEPARTMENT OF STATE**

Date of Disbursement  
MM ' DD ' YYYY  
**06 ' 29 ' 2012**

Mailing Address  
**500 S BRONOUGH ST # 316**

City  
**TALLAHASSEE FL** State Zip Code  
**32399**

Purpose of Disbursement  
**CHECK FEE**

Candidate Name  
**NINA HAYDEN**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **FL** District: **13**

Amount of Each Disbursement this Period  
**70.00**

Category/Type  
**001**

**C.**

Full Name (Last, First, Middle Initial)  
**BARDINE HAZLETT**

Date of Disbursement  
MM ' DD ' YYYY  
**06 ' 29 ' 2012**

Mailing Address  
**2152 1st AVE S. Suite 2**

City  
**ST PETERSBURG FL** State Zip Code  
**33712**

Purpose of Disbursement  
**CAMPAIGN CONSULTANT**

Candidate Name  
**NINA HAYDEN**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **FL** District: **13**

Amount of Each Disbursement this Period  
**2,500.00**

Category/Type  
**003**

**SUBTOTAL** of Disbursements This Page (optional).....  
**13,010.00**

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

12030853760

**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 OF	
	<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)  
*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial) <i>BARDINE HAZLETT</i>		Date of Disbursement MM / DD / YYYY
Mailing Address <i>2150 1st AVE S. Suite 2</i>		Amount of Each Disbursement this Period <i>2500.00</i>
City <i>ST. PETERSBURG FL</i>	State <i>FL</i>	
Purpose of Disbursement <i>CAMPAIGN CONSULTANT</i>	Zip Code <i>33712</i>	Category/Type <b>003</b>
Candidate Name <i>NINA HAYDEN</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>FL</i>	District: <i>13</i>	

Full Name (Last, First, Middle Initial) <i>BARDINE HAZLETT</i>		Date of Disbursement MM / DD / YYYY
Mailing Address <i>2150 1st AVE S. SUITE 2</i>		Amount of Each Disbursement this Period <i>2500.00</i>
City <i>ST. PETERSBURG FL</i>	State <i>FL</i>	
Purpose of Disbursement <i>*CAMPAIGN CONSULTANT</i>	Zip Code <i>33712</i>	Category/Type <b>003</b>
Candidate Name <i>NINA HAYDEN</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>FL</i>	District: <i>13</i>	

Full Name (Last, First, Middle Initial) <i>BARDINE HAZLETT</i>		Date of Disbursement MM / DD / YYYY
Mailing Address <i>2150 1st AVE S. SUITE 2</i>		Amount of Each Disbursement this Period <i>2500.00</i>
City <i>ST. PETERSBURG FL</i>	State <i>FL</i>	
Purpose of Disbursement <i>CAMPAIGN CONSULTING</i>	Zip Code <i>33712</i>	Category/Type <b>003</b>
Candidate Name <i>NINA HAYDEN</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>FL</i>	District: <i>13</i>	

SUBTOTAL of Disbursements This Page (optional).....	<i>7500.00</i>
TOTAL This Period (last page this line number only).....	

12030853761



**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)  
*NINA HAYDEN FOR CONGRESS*

**A.** Full Name (Last, First, Middle Initial) *BB & T*

Date of Disbursement: *06' 21' 2012*

Mailing Address: *5885 CENTRAL AVE*

City: *ST. PETERSBURG* State: *FL* Zip Code: *33710*

Purpose of Disbursement: *BANK FEES*

Candidate Name: *NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Amount of Each Disbursement this Period: *70.00*

Category/Type: *001*

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

Date of Disbursement: *08' 13' 2012*

Mailing Address: *950 LAKE CAROLAN DR.*

City: *ST. PETERSBURG* State: *FL* Zip Code: *33716*

Purpose of Disbursement: *FOOD FOR CAMPAIGN KICK OFF*

Candidate Name: *NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Amount of Each Disbursement this Period: *111.25*

Category/Type: *007*

**C.** Full Name (Last, First, Middle Initial) *OPEN AIR STATION US POSTAL OFFICE*

Date of Disbursement: *05' 07' 2012*

Mailing Address: *700 CENTRAL AVE*

City: *ST. PETERSBURG* State: *FL* Zip Code: *33701*

Purpose of Disbursement: *CAMPAIGN MATERIALS*

Candidate Name: *NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Amount of Each Disbursement this Period: *90.00*

Category/Type: *003*

SUBTOTAL of Disbursements This Page (optional) ..... *271.25*

TOTAL This Period (last page this line number only) ..... *271.25*

12030853762

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

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NAME OF COMMITTEE (In Full)  
*VINA HAYDEN FOR CONGRESS*

**A.**

Full Name (Last, First, Middle Initial) *VERIZON WIRELESS*

Date of Disbursement *04/18/2012*

Mailing Address *P.O. BOX 660108*

City *DALLAS TX* State *TX* Zip Code *75266*

Purpose of Disbursement *PHONE CHARGES*

Candidate Name *VINA HAYDEN* Category/Type *001*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: *13*

Amount of Each Disbursement this Period *130.63*

**B.**

Full Name (Last, First, Middle Initial) *IONATHAN SHANK*

Date of Disbursement *05/07/2012*

Mailing Address *3700 92 AV N*

City *ST PETERSBURG FL* State *FL* Zip Code *33713*

Purpose of Disbursement *CAMPAIGN STAFF*

Candidate Name *VINA HAYDEN* Category/Type *001*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: *13*

Amount of Each Disbursement this Period *500.00*

**C.**

Full Name (Last, First, Middle Initial) *CITY MO DESIGN*

Date of Disbursement *05/22/2012*

Mailing Address *433 CENTRAL AVE Ste 209*

City *ST PETERSBURG FL* State *FL* Zip Code *33701*

Purpose of Disbursement *CAMPAIGN MATERIALS*

Candidate Name *VINA HAYDEN* Category/Type *006*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: *13*

Amount of Each Disbursement this Period *715.49*

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

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

12030853763

**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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**NINA HAYDEN FOR CONGRESS**

**A.** **PAYPAL**  
 Mailing Address: **2211 N 1st St**  
 City: **SAN JOSE** State: **CA** Zip Code: **95131**  
 Purpose of Disbursement: **merchant acct fees** Category/Type: **003**  
 Candidate Name: **NINA HAYDEN**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **FL** District: **13**

Date of Disbursement: **05 / 31 / 2012**  
 Amount of Each Disbursement this Period: **1.75**

**B.** **PAYPAL**  
 Mailing Address: **2211 N 1st St**  
 City: **SAN JOSE** State: **CA** Zip Code: **95131**  
 Purpose of Disbursement: **merchant acct fees** Category/Type: **003**  
 Candidate Name: **NINA HAYDEN**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **FL** District: **13**

Date of Disbursement: **05 / 29 / 2012**  
 Amount of Each Disbursement this Period: **1.75**

**C.** **PAYPAL**  
 Mailing Address: **2211 N 1st St**  
 City: **SAN JOSE** State: **CA** Zip Code: **95131**  
 Purpose of Disbursement: **merchant acct fees** Category/Type: **003**  
 Candidate Name: **NINA HAYDEN**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **FL** District: **13**

Date of Disbursement: **05 / 15 / 2012**  
 Amount of Each Disbursement this Period: **1.03**

**SUBTOTAL** of Disbursements This Page (optional)..... **4.53**  
**TOTAL** This Period (last page this line number only).....

12030853764

**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	OF
<input 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)

NINA HAYDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 15 / 2012

A.

PAYPAL

Mailing Address

2211 N 1st St

City  
SAN JOSE

State  
CA

Zip Code  
95131

Purpose of Disbursement

merchant acct fees

Candidate Name

NINA HAYDEN

003  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL District: 13

Amount of Each Disbursement this Period

103

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 15 / 2012

B.

PAYPAL

Mailing Address

2211 N 1st St

City  
SAN JOSE

State  
CA

Zip Code  
95131

Purpose of Disbursement

merchant acct fees

Candidate Name

NINA HAYDEN

003  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL District: 13

Amount of Each Disbursement this Period

103

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 14 / 2012

C.

PAYPAL

Mailing Address

2211 N 1st St

City  
SAN JOSE

State  
CA

Zip Code  
95131

Purpose of Disbursement

merchant acct fees

Candidate Name

NINA HAYDEN

003  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL District: 13

Amount of Each Disbursement this Period

320

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

526

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

12030853765

**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	OF
<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)

NINA HAYDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

PAYPAL

Mailing Address

2211 N 1st St

City SAN JOSE

State CA

Zip Code 95131

Purpose of Disbursement

MERCHANT ACCT FEES

Candidate Name

NINA HAYDEN

Office Sought:

- House  
 Senate  
 President

Disbursement For:

- Primary  General  
 Other (specify)

State: FL District: 13

Date of Disbursement

06 ' 30 ' 2012

Amount of Each Disbursement this Period

1.75

0.03

Category/  
Type

Full Name (Last, First, Middle Initial)

B.

PAYPAL

Mailing Address

2211 N 1st St

City SAN JOSE

State CA

Zip Code 95131

Purpose of Disbursement

MERCHANT ACCT FEES

Candidate Name

NINA HAYDEN

Office Sought:

- House  
 Senate  
 President

Disbursement For:

- Primary  General  
 Other (specify)

State: FL District: 13

Date of Disbursement

06 ' 28 ' 2012

Amount of Each Disbursement this Period

0.59

0.03

Category/  
Type

Full Name (Last, First, Middle Initial)

C.

PAYPAL

Mailing Address

2211 N 1st St

City SAN JOSE

State CA

Zip Code 95131

Purpose of Disbursement

MERCHANT ACCT FEES

Candidate Name

NINA HAYDEN

Office Sought:

- House  
 Senate  
 President

Disbursement For:

- Primary  General  
 Other (specify)

State: FL District: 13

Date of Disbursement

06 ' 23 ' 2012

Amount of Each Disbursement this Period

1.03

0.03

Category/  
Type

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

3.37

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

12030853766

**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)

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NAME OF COMMITTEE (In Full)

**NINA HAYDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**  
Mailing Address  
**2211 N 1st St**  
City **SAN JOSE** State **CA** Zip Code **95131**  
Purpose of Disbursement  
**merchant acct fees** 0.03  
Candidate Name  
**NINA HAYDEN**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: **FL** District: **13**

Date of Disbursement

**06 ' 23 ' 2012**

Amount of Each Disbursement this Period

**0.59**

**B. PAYPAL**  
Mailing Address  
**2211 N 1st St**  
City **SAN JOSE** State **CA** Zip Code **95131**  
Purpose of Disbursement  
**merchant acct fees** 0.03  
Candidate Name  
**NINA HAYDEN**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: **FL** District: **13**

Date of Disbursement

**06 ' 22 ' 2012**

Amount of Each Disbursement this Period

**1.03**

**C. PAYPAL**  
Mailing Address  
**2211 N 1st St**  
City **SAN JOSE** State **CA** Zip Code **95131**  
Purpose of Disbursement  
**merchant acct fees** 0.03  
Candidate Name  
**NINA HAYDEN**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: **FL** District: **13**

Date of Disbursement

**06 ' 19 ' 2012**

Amount of Each Disbursement this Period

**3.20**

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

**4.82**

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

12030853767

**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)

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 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A.

*PAYPAL*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*merchant acct fees*

*003*

Candidate Name

*NINA HAYDEN*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify)

State: *FL*

District: *13*

Date of Disbursement

*06* / *11* / *2012*

Amount of Each Disbursement this Period

*1.75*

Full Name (Last, First, Middle Initial)

B.

*PAYPAL*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*merchant acct fees*

*003*

Candidate Name

*NINA HAYDEN*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify)

State: *FL*

District: *13*

Date of Disbursement

*06* / *03* / *2012*

Amount of Each Disbursement this Period

*1.03*

Full Name (Last, First, Middle Initial)

C.

*PAYPAL*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*merchant acct fees*

*003*

Candidate Name

*NINA HAYDEN*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify)

State: *FL*

District: *13*

Date of Disbursement

*06* / *03* / *2012*

Amount of Each Disbursement this Period

*7.55*

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

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

*10.33*

12030853768

**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)

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<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)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *PAYPAL*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*merchant acct fees*

Candidate Name

*NINA HAYDEN*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*06* ' *02* ' *2012*

Amount of Each Disbursement this Period

*3.20*

*003*

Category/  
Type

B. *PAYPAL*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*merchant acct fees*

Candidate Name

*NINA HAYDEN*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*06* ' *01* ' *2012*

Amount of Each Disbursement this Period

*1.75*

*003*

Category/  
Type

C. *PAYPAL*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*merchant acct fees*

Candidate Name

*NINA HAYDEN*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*06* ' *01* ' *2012*

Amount of Each Disbursement this Period

*3.20*

*003*

Category/  
Type

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

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

*8.15*

12030853769



**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 OF	
	<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)  
*NINA Hayden for Congress*

**A.** *Paypal*

Mailing Address: *2211 N 1st St*

City: *San Jose* State: *CA* Zip Code: *95131*

Purpose of Disbursement: *merchant acct fees* Category/Type: *0.03*

Candidate Name: *NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement: *05/14/2012*

Amount of Each Disbursement this Period: *1.75*

**B.** *Paypal*

Mailing Address: *2211 N 1st St*

City: *San Jose* State: *CA* Zip Code: *95131*

Purpose of Disbursement: *merchant acct fees* Category/Type: *0.03*

Candidate Name: *NINA Hayden*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement: *05/14/2012*

Amount of Each Disbursement this Period: *1.75*

**C.** *Paypal*

Mailing Address: *2211 N 1st St*

City: *San Jose* State: *CA* Zip Code: *95131*

Purpose of Disbursement: *merchant acct fees* Category/Type: *0.03*

Candidate Name: *NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement: *05/17/2012*

Amount of Each Disbursement this Period: *6.10*

SUBTOTAL of Disbursements This Page (optional)..... *9.60*

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

12030853770

**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 OF

<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)

*NINA HAYDEN for Congress*

Full Name (Last, First, Middle Initial)

**A.** *PAYPAL*

Mailing Address  
*2211 N 1st St*

City *SAN JOSE* State *CA* Zip Code *95131*

Purpose of Disbursement  
*merchant acct fees*

Candidate Name  
*NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement

*05* / *17* / *2012*

Amount of Each Disbursement this Period

*0.03*

**B.** *PAYPAL*

Mailing Address  
*2211 N 1st St*

City *SAN JOSE* State *CA* Zip Code *95131*

Purpose of Disbursement  
*merchant acct fees*

Candidate Name  
*NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement

*04* / *26* / *2012*

Amount of Each Disbursement this Period

*0.03*

**C.** *Paypal*

Mailing Address  
*2211 N 1st St*

City *SAN JOSE* State *CA* Zip Code *95131*

Purpose of Disbursement  
*merchant acct fees*

Candidate Name  
*NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement

*04* / *08* / *2012*

Amount of Each Disbursement this Period

*0.59*

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

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

*4.09*

12030853771

**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)

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<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)

NINA HAYDEN for congress

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address  
2211 N 1st St

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
Merchant acct fees

Candidate Name  
NINA Hayden

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 13

Date of Disbursement

04 ' 04 ' 2012

Amount of Each Disbursement this Period

1.17

0.03  
Category/  
Type

B. Paypal

Mailing Address  
2211 N 1st St

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
Merchant acct fees

Candidate Name  
NINA Hayden

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 13

Date of Disbursement

04 ' 03 ' 2012

Amount of Each Disbursement this Period

1.03

0.03  
Category/  
Type

C. Paypal

Mailing Address  
2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Merchant acct fees

Candidate Name  
NINA Hayden

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 13

Date of Disbursement

04 ' 02 ' 2012

Amount of Each Disbursement this Period

1.03

0.03  
Category/  
Type

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

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

3.23

12030853772

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

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

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(check only one)

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<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)

*NINA Hayden for Congress*

Full Name (Last, First, Middle Initial)

A.

*Paypal*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*Merchant acct fees*

Candidate Name

*NINA Hayden*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*04* / *02* / *2012*

Amount of Each Disbursement this Period

*3.20*

*00.3*

Category/  
Type

B.

*Paypal*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*Merchant acct fees*

Candidate Name

*Nina Hayden*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*04* / *02* / *2012*

Amount of Each Disbursement this Period

*1.03*

*00.3*

Category/  
Type

C.

*Paypal*

Mailing Address

*2211 N 1st St*

City

*SAN JOSE*

State

*CA*

Zip Code

*95131*

Purpose of Disbursement

*Merchant acct fees*

Candidate Name

*Nina Hayden*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*04* / *01* / *2012*

Amount of Each Disbursement this Period

*1.75*

*00.3*

Category/  
Type

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

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

*5.98*

12030853773

**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 OF

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

*NINA Hayden for congress*

Full Name (Last, First, Middle Initial)

**A.** *Paypal*

Mailing Address  
*2211 N 1st St*

City *San Jose* State *CA* Zip Code *95131*

Purpose of Disbursement  
*Merchant acct fees*

Candidate Name  
*Nina Hayden*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement

*04* / *01* / *2012*

Amount of Each Disbursement this Period

*1.03*

*003*  
Category/  
Type

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/  
Type

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/  
Type

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

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

*1.03*

12030853774

**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 OF

<input 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)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A.

*CITY NO DESIGN*

Mailing Address  
*433 CENTRAL AVE Ste 209*

City State Zip Code  
*ST. PETERSBURG FL 33701*

Purpose of Disbursement  
*CAMPAIGN MATERIALS*

Candidate Name  
*NINA HAYDEN*

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

State: *FL* District: *13*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*05* / *28* / *2012*

Amount of Each Disbursement this Period

*715.49*

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

12030853775

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

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

PAGE / OF /

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
*NINA HAYDEN FOR CONGRESS*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*HAYDEN NINA L*

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
*P.O. BOX 17811*

City State ZIP Code  
*CLEARWATER FL 33762*

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
*9,100.00 3,800.00 5,300.00*

TERMS Date Incurred Date Due Interest Rate Secured:  
*06' 08' 2012 M M D D Y Y Y Y 0 % (apr) Yes No*

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

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

SUBTOTALS This Period This Page (optional)..... *5,300.00*

TOTALS This Period (last page in this line only)..... *5,300.00*

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

1203085376

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page 8 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>NINA HAYDEN FOR CONGRESS</i>	FEC IDENTIFICATION NUMBER <i>C 00514950</i>
--	--

LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan <i>0</i>	Interest Rate (APR) <i>0</i> %
---	----------------------------	-----------------------------------

Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y	Y Y Y Y
City State Zip Code	Date Due	M M / D D / Y Y Y Y	Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw:  Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established:   
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

1203085377



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9	10

NAME OF COMMITTEE (In Full)  
*NWA HAYDEN FOR CONGRESS*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional) .....	0
2) TOTALS This Period (last page this line number only) .....	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	5,300.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	5,300.00

1203085378

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

12030853779

Date of Receipt

Hand Delivered

Postmarked

USPS First Class Mail

Postmarked (R/C)

USPS Registered/Certified

7/13/12

Postmarked

USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

Postmarked

USPS Express Mail

Postmark Illegible

No Postmark

Shipping Date

Overnight Delivery Service (Specify):

Next Business Day Delivery

Date of Receipt

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 or Postmarked

Other (Specify):

*Jm W*

7/19/12

PREPARER

DATE PREPARED

(3/2005)