

**MISCELLANEOUS TEXT (FEC Form 99)**

NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

FEC IDENTIFICATION NUMBER  
C00581504

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

Mailing Address PO BOX 616308

City State ZIP Code  
ORLANDO FL 32861

16 JAN 15 PM 2:20

January 12, 2016

Ms. Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

IDENTIFICATION NUMBER: C00581504

REFERENCE: OCTOBER QUARTERLY REPORT (06/18/2015-09/30/2015)

Dear Ms. Beaufort,

This statement is in response to the Commission's letter dated December 9, 2015. The Commission requested additional information regarding expenditures from the candidate's personal funds on behalf of the committee. Itemization is being provided on the Amended report being filed concurrently with this response. Please feel free to contact us if you have any further questions.

Sincerely,  
Bradley T. Crate  
Treasurer

201601150200001739

16 JAN 15 PM 2:20

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
TODD WILCOX FOR US SENATE

ADDRESS (number and street) PO BOX 616308  
Check if different than previously reported. (ACC) ORLANDO FL 32861

2. FEC IDENTIFICATION NUMBER C C00581504  
3. IS THIS REPORT NEW (N) OR AMENDED (A) X  
CITY STATE ZIP CODE STATE DISTRICT FL 00

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y Y in the State of  
(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y 06 / 18 / 2015 through M M / D D / Y Y Y Y Y 09 / 30 / 2015

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 BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE Date M M / D D / Y Y Y Y Y 01 / 12 / 2016

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

Office Use Only grid with 10 columns and 1 row. FEC FORM 3 (Revised 02/2003)

201601150200001740

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**TODD WILCOX FOR US SENATE**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
06 / 18 / 2015

To:

M M / D D / Y Y Y Y  
09 / 30 / 2015

**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))...

258705.80

258705.80

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

300.00

300.00

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

258405.80

258405.80

**7. Net Operating Expenditures**

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

74890.64

74890.64

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

0.00

0.00

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

74890.64

74890.64

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

683515.16

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

0.00

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

500000.00

**For further information contact:**

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

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

201601150200001741

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 93

Write or Type Committee Name

**TODD WILCOX FOR US SENATE**

Report Covering the Period: From:

MM / DD / YYYY  
06 / 18 / 2015

To:

MM / DD / YYYY  
09 / 30 / 2015

**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)...

241534.75

241534.75

(ii) Unitemized .....

4403.10

4403.10

(iii) TOTAL of contributions from individuals

245937.85

245937.85

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) The Candidate .....

12767.95

12767.95

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

258705.80

258705.80

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

0.00

0.00

**13. LOANS:**

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

500000.00

500000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

500000.00

500000.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.)..

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

758705.80

758705.80

201601150200001742

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	74890.64	74890.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	300.00	300.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	300.00	300.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	75190.64	75190.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	758705.80
25. SUBTOTAL (add Line 23 and Line 24)...	758705.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	75190.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	683515.16

201601150200001743

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

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

FOR LINE NUMBER: PAGE 5 OF 93

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**FAWAD AHMED**

Mailing Address **11403 ULLSWATER LANE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **NEPHROLOGY ASSOCIATES** Occupation **MD**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **09 / 30 / 2015**  
Transaction ID : **SA11AI.4487**

Amount of Each Receipt this Period **300.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. AHMED ALI**

Mailing Address **1937 BREEZY HILL DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **SELF-EMPLOYED** Occupation **MD**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **09 / 30 / 2015**  
Transaction ID : **SA11AI.4562**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**DR. ASHLEY A ANSARA**

Mailing Address **616 E ALTAMONTE DRIVE  
STE. 120**

City **ALTAMONTE SPRINGS** State **FL** Zip Code **32701**

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

Name of Employer **ANSARA HOLDINGS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **09 / 30 / 2015**  
Transaction ID : **SA11AI.4564**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**

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

201601150200001744

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD ASTA**

Mailing Address **525 MELROSE AVENUE**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **ELRO HOLDINGS, LLC** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**08 / 24 / 2015**

Transaction ID : **SA11AI.4412**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**KARAMALI A BANDEALY**

Mailing Address **8719 WITTENWOOD COVE**

City **ORLANDO** State **FL** Zip Code **32836**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4523**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER BERRY**

Mailing Address **157 ADLER POINT**

City **OVIEDO** State **FL** Zip Code **32765**

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

Name of Employer **PATRIOT DEFENSE GROUP,LLC** Occupation **DIRECTOR OF OPERATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4508**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

20160115020001745

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MS. ANGELA L BROWN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 2050 KING ARTHUR CIRCLE		Transaction ID : SA11AI.4483
City MAITLAND	State FL	
Zip Code 32751		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Occupation COMMERCIAL REAL ESTATE APPRAISER	Election Cycle-to-Date 250.00
Name of Employer MERIDIAN APPRAISAL GROUP, INC.	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>MS. JENNIFER BUSH</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2015
Mailing Address 3110 CAMP ROAD		Transaction ID : SA11AI.4457
City OVIEDO	State FL	
Zip Code 32765		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	Occupation PRESIDENT	Election Cycle-to-Date 2700.00
Name of Employer INTELLIGENT CONSERVATION SYSTEMS, IN	Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>MS. JENNIFER BUSH</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2015
Mailing Address 3110 CAMP ROAD		Transaction ID : SA11AI.4458
City OVIEDO	State FL	
Zip Code 32765		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	Occupation PRESIDENT	Election Cycle-to-Date 5400.00
Name of Employer INTELLIGENT CONSERVATION SYSTEMS, IN	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5650.00
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001746



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

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

FOR LINE NUMBER: PAGE 8 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SHAWN BUSH**

Mailing Address 3100 CAMP RD

City OVIEDO State FL Zip Code 32765

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

Name of Employer I-CON SYSTEMS, INC Occupation ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt 07 / 13 / 2015  
Transaction ID : SA11AI.4448

Amount of Each Receipt this Period 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. SHAWN BUSH**

Mailing Address 3100 CAMP RD

City OVIEDO State FL Zip Code 32765

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

Name of Employer I-CON SYSTEMS, INC Occupation ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt 07 / 13 / 2015  
Transaction ID : SA11AI.4449

Amount of Each Receipt this Period 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. JEANNETTE BYRD**

Mailing Address 1770 SPRUCE AVENUE

City WINTER PARK State FL Zip Code 32789

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

Name of Employer BYRD & ASSOCIATES, LLC Occupation CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt 09 / 30 / 2015  
Transaction ID : SA11AI.4399

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7400.00

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

201601150200001747

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

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

FOR LINE NUMBER: PAGE 9 OF 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVE CARMANY**

Mailing Address 1008 GENIUS DRIVE

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
ONLINE LABELS, INC. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM A V CECIL JR.**

Mailing Address PO BOX 5375

City State Zip Code  
ASHEVILLE NC 28813

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

Name of Employer Occupation  
BILTMORE CO. PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2015

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM A V CECIL JR.**

Mailing Address PO BOX 5375

City State Zip Code  
ASHEVILLE NC 28813

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

Name of Employer Occupation  
BILTMORE CO. PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2015

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

201601150200001748

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

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

FOR LINE NUMBER: PAGE 10 OF 93

(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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**AMMAR CHARANI**

Mailing Address **8280 TIBET BUTLER DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **NETONE INTERNATIONAL** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**08 / 05 / 2015**

Transaction ID : **SA11AI.4489**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **8280 TIBET BUTLER DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **NETONE INTERNATIONAL** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
**08 / 05 / 2015**

Transaction ID : **SA11AI.4490**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **9263 PECKY CYPRESS WAY**

City **ORLANDO** State **FL** Zip Code **32836**

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

Name of Employer **ACCUMED** Occupation **MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**09 / 04 / 2015**

Transaction ID : **SA11AI.4384**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6400.00**

201601150200001749

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

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

FOR LINE NUMBER: PAGE 11 OF 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CAROL CRAIG**

Mailing Address 2090 EASTWOOD DR

City State Zip Code  
MERRITT ISLAND FL 32952

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

Name of Employer Occupation  
CRAIG TECHNOLOGIES CEO

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. CAROL CRAIG**

Mailing Address 2090 EASTWOOD DR

City State Zip Code  
MERRITT ISLAND FL 32952

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

Name of Employer Occupation  
CRAIG TECHNOLOGIES CEO

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROD CRUCE**

Mailing Address 10145 BLUE BLOOD PLACDE

City State Zip Code  
LITTLETON CO 80125

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

Name of Employer Occupation  
OPS OWNER

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period  
500.00

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

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

5900.00

201601150200001750

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

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

FOR LINE NUMBER: PAGE 12 OF 93

(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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT CHARLES DACEY**

Mailing Address 139 TRENT SHORES DR

City TRENT WOODS State NC Zip Code 28562

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

Name of Employer PACE GOVERNMENT RELATIONS LLP Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2015

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM DILLARD**

Mailing Address 3281 DEER CHASE RUN

City LONGWOOD State FL Zip Code 32779

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

Name of Employer EMCOR SERVICES Occupation FOUNDER & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2015

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN DOYLE**

Mailing Address 10739 ORCHARD WALK PL W

City JACKSONVILLE State FL Zip Code 32257

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

Name of Employer WEXFORD STRATEGIES Occupation GOVERNMENT AFFAIRS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2015

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period  
500.00

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

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

1250.00

201601150200001751

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

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

FOR LINE NUMBER: PAGE 13 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ADAM EISEMAN**

Mailing Address **81 COLFAX ROAD**

City **SKILLMAN** State **NJ** Zip Code **08558**

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

Name of Employer **LLOYD GROUP** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**08 / 09 / 2015**

Transaction ID : **SA11AI.4473**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RANDOLPH FIELDS**

Mailing Address **745 FRENCH AVENUE**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **GRAYROBINSON P.A.** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**09 / 16 / 2015**

Transaction ID : **SA11AI.4437**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. PERRY FINE**

Mailing Address **260 DOLPHIN DRIVE**

City **WOODMERE** State **NY** Zip Code **11598**

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

Name of Employer **TRIANGLE SERVICES** Occupation **BUSINESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**07 / 22 / 2015**

Transaction ID : **SA11AI.4553**

Amount of Each Receipt this Period  
**250.00**

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

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

**3950.00**

201601150200001752

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 OF 93
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN P GILLION**

Mailing Address **420 SANDRINGHAM COURT**

City **WINTER SPRINGS** State **FL** Zip Code **32708**

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

Name of Employer **MAPLEVEST MANAGEMENT, LLC** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4475**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NICOLE M GOKEY**

Mailing Address **21097 COUNTY ROAD 455**

City **CLERMONT** State **FL** Zip Code **34715**

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

Name of Employer **BILTMORE FAMILY** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4568**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. VERNON S GOKEY**

Mailing Address **21097 COUNTY ROAD 455**

City **CLERMONT** State **FL** Zip Code **34715**

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

Name of Employer **NOT EMPLOYED** Occupation **NOT EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4570**

Amount of Each Receipt this Period  
**2700.00**

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

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

**6900.00**

201601150200001753

**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)

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<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. CHRISTOPHER J GRIM</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2015	
Mailing Address 1005 DRUID DRIVE		Transaction ID : SA11AI.4451	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Occupation CFO	
Name of Employer INNOVATIVE LOGISTICS, LLC	Election Cycle-to-Date 2700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MR. JAMES GROGAN</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2015	
Mailing Address 1721 TIMBER EDGE DRIVE		Transaction ID : SA11AI.4481	
City DELAND	State FL	Zip Code 32724	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Occupation CEO	
Name of Employer MBI DIRECT MAIL	Election Cycle-to-Date 2700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>VISHAAL GUPTA</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015	
Mailing Address 9030 SOUTHERN BREEZE DRIVE		Transaction ID : SA11AI.4503	
City ORLANDO	State FL	Zip Code 32836	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Occupation EXECUTIVE VICE PRESIDENT	
Name of Employer PARK SQUARE HOMES	Election Cycle-to-Date 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6400.00
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001754



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

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

FOR LINE NUMBER: PAGE 16 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**SOHAIL HALANI**

Mailing Address **11018 ULLSWATER LANE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **FOOD VENTURE TAMPA, LLC** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
**09 / 22 / 2015**

Transaction ID : **SA11AI.4599**

Amount of Each Receipt this Period  
**900.00**  
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

**B.** Full Name (Last, First, Middle Initial)  
**MR. BAXTER HAYES**

Mailing Address **3000 1ST ST S**

City **JACKSONVILLE** State **FL** Zip Code **32250**

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

Name of Employer **ESSENTIA, INC.** Occupation **CEO & FOUNDER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**08 / 27 / 2015**

Transaction ID : **SA11AI.4351**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. BAXTER HAYES**

Mailing Address **3000 1ST ST S**

City **JACKSONVILLE** State **FL** Zip Code **32250**

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

Name of Employer **ESSENTIA, INC.** Occupation **CEO & FOUNDER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
**08 / 27 / 2015**

Transaction ID : **SA11AI.4352**

Amount of Each Receipt this Period  
**2700.00**

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

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

**6300.00**

201601150200001755

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

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

FOR LINE NUMBER: PAGE 17 OF 93

(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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. TERESA HAYES**

Mailing Address 3000 1ST ST S

City JACKSONVILLE State FL Zip Code 32250

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 27 / 2015**

Transaction ID : **SA11AI.4360**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. TERESA HAYES**

Mailing Address 3000 1ST ST S

City JACKSONVILLE State FL Zip Code 32250

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 27 / 2015**

Transaction ID : **SA11AI.4361**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. GREGG HILL**

Mailing Address 1350 CITY VIEW CENTER

City OVIEDO State FL Zip Code 32765

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

Name of Employer **SEA HILLS TWELVE** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4370**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6400.00**

**6400.00**

201601150200001756

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

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

FOR LINE NUMBER: PAGE 18 OF 93  
(check only one)

<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	<input type="checkbox"/>	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL HINN**

Mailing Address 130 SOUTH ORANGE AVENUE  
SUITE 150

City ORLANDO State FL Zip Code 32801

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

Name of Employer KNIGHT AGENCY Occupation BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 09 / 13 / 2015  
Transaction ID : SA11AI.4469

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. G. RICHARD HOSTETTER**

Mailing Address 1800 PEMBROOK DRIVE  
SUITE 300

City ORLANDO State FL Zip Code 32810

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

Name of Employer COMMERCENTERS, LLC Occupation BUSINESSMAN/ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 09 / 15 / 2015  
Transaction ID : SA11AI.4403

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN HULBERT**

Mailing Address 11404 NORTHWIND CT

City RESTON State VA Zip Code 20194

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

Name of Employer XK GROUP Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 07 / 12 / 2015  
Transaction ID : SA11AI.4381

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 1750.00

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

201601150200001757

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

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

FOR LINE NUMBER: PAGE 19 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN HULBERT**

Mailing Address 11404 NORTHWIND CT

City RESTON State VA Zip Code 20194

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

Name of Employer XK GROUP Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period  
1700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL R HUNT**

Mailing Address 189 S ORANGE AVE., STE 870

City ORLANDO State FL Zip Code 32801

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

Name of Employer CRANKSHAFT REBUILDERS INC Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL R HUNT**

Mailing Address 189 S ORANGE AVE., STE 870

City ORLANDO State FL Zip Code 32801

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

Name of Employer CRANKSHAFT REBUILDERS INC Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

Transaction ID : SA11AI.4347

Amount of Each Receipt this Period  
2700.00

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

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

7100.00

201601150200001758

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

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

FOR LINE NUMBER: PAGE 20 OF 93  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER HURN**

Mailing Address 1672 KERSLEY CIRCLE

City State Zip Code  
HEATHROW FL 32746

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

Name of Employer Occupation  
FOUNTAINHEAD COMMERCIAL CAPITAL SMALL BUSINESS FINANCIER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARC HURWITZ**

Mailing Address 1925 NE 213 TERRACE

City State Zip Code  
MIAMI FL 33179

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

Name of Employer Occupation  
CROSSROADS INVESTIGATIONS PRIVATE INVESTIGATION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1830 W FAWSETT RD

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
ISU JALLAD INSURANCE SERVCIES INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period  
250.00

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

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

750.00

201601150200001759

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

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

FOR LINE NUMBER: (check only one)		PAGE 21 OF 93	
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<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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**JENNIFER MCDUGALD, LLC**

Mailing Address **PO BOX 521**

City **WINDERMERE** State **FL** Zip Code **34786**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 01 / 2015**

Transaction ID : **SA11AJ.4188**

Amount of Each Receipt this Period  
**1000.00**

IN-KIND: **FUNDRAISING CONSULTING**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHELINA S JIWANI**

Mailing Address **1724 WHITNEY ISLES DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **NOBLE KIDZ, INC.** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : **SA11AJ.4572**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHANTELE JOHNSON**

Mailing Address **1123 MORRIS AVENUE**

City **ORLANDO** State **FL** Zip Code **32803**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2700.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : **SA11AJ.4441**

Amount of Each Receipt this Period  
**2700.00**

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

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

**3950.00**

201601150200001760

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 93
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CHANTELE JOHNSON**

Mailing Address 1123 MORRIS AVENUE

City ORLANDO State FL Zip Code 32803

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4442**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHRIS JOHNSON**

Mailing Address 1660 CHASE LANDING WAY

City WINTER PARK State FL Zip Code 32789

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

Name of Employer **SUPERIOR FENCE** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4541**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH W JOHNSON**

Mailing Address PO BOX 271345

City TAMPA State FL Zip Code 33688

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

Name of Employer **SELF-EMPLOYED** Occupation **GENERAL CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 22 / 2015**

Transaction ID : **SA11AI.4525**

Amount of Each Receipt this Period  
**500.00**

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

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

**3700.00**

201601150200001761

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

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

FOR LINE NUMBER: PAGE 23 OF 93

(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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN JORDAN**

Mailing Address **PO BOX 620543**

City **ORLANDO** State **FL** Zip Code **32862**

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

Name of Employer **TOTAL LOGISTIC SERVICES, INC.** Occupation **LOGISTICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AJ.4551**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER R KASSABOV**

Mailing Address **851 VIRGINIA DR**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **KASA VENTURES** Occupation **MANAGING DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**09 / 18 / 2015**

Transaction ID : **SA11AJ.4462**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. PETER R KASSABOV**

Mailing Address **851 VIRGINIA DR**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **KASA VENTURES** Occupation **MANAGING DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
**09 / 18 / 2015**

Transaction ID : **SA11AJ.4463**

Amount of Each Receipt this Period  
**2700.00**

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

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

**8100.00**

201601150200001762



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

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

FOR LINE NUMBER: PAGE 24 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRETT KEITH**

Mailing Address **55 WATER MILL TOWD RD**

City **WATER MILL** State **NY** Zip Code **11976**

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

Name of Employer **ROCKWOOD** Occupation **FINANCE**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AJ.4517**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **11048 ULLSWATER LANE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AJ.4527**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **9525 WESTOVER CLUB CIRCLE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **LALANI ENTERPRISE LLC** Occupation **OWNER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AJ.4471**

Amount of Each Receipt this Period  
**250.00**

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

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

**3450.00**

201601150200001763

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. STEPHEN H LANG</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 9018 SPENCE COURT		Transaction ID : SA11AI.4529
City GOTHA	State FL	Zip Code 34734
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00	
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2300.00	

Full Name (Last, First, Middle Initial) <b>MR. STEPHEN H LANG</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 9018 SPENCE COURT		Transaction ID : SA11AI.4530
City GOTHA	State FL	Zip Code 34734
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>MR. JASON LAZARUS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 911 OUTER ROAD		Transaction ID : SA11AI.4543
City ORLANDO	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SYNERGY SETTLEMENT SERVICES	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001764

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

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

FOR LINE NUMBER: PAGE 26 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD J LEVY**

Mailing Address 1000 SOUTH OCEAN BLVD.  
#404

City BOCA RATON State FL Zip Code 33432

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

Name of Employer FRIDIAN Occupation FINANCE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD J LEVY**

Mailing Address 1000 SOUTH OCEAN BLVD.  
#404

City BOCA RATON State FL Zip Code 33432

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

Name of Employer FRIDIAN Occupation FINANCE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 5910 CAYMUS LOOP

City WINDERMERE State FL Zip Code 34786

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional)..... 8100.00

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

201601150200001765

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

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

FOR LINE NUMBER: PAGE 27 OF 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DOROTHY LIDSKY**

Mailing Address 5910 CAYMUS LOOP

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ISSAC LIDSKY**

Mailing Address 5910 CAYMUS LOOP

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
ODC CONSTRUCTION CEO

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ISSAC LIDSKY**

Mailing Address 5910 CAYMUS LOOP

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
ODC CONSTRUCTION CEO

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

201601150200001766

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

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

FOR LINE NUMBER: PAGE 28 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE LIVINGSTON**

Mailing Address 1800 PEMBROOK DRIVE  
SUITE 350

City ORLANDO State FL Zip Code 32810

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

Name of Employer NAI REALVEST Occupation CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2451.39

Date of Receipt 09 / 03 / 2015  
Transaction ID : SA11AI.4484

Amount of Each Receipt this Period 2300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE LIVINGSTON**

Mailing Address 1800 PEMBROOK DRIVE  
SUITE 350

City ORLANDO State FL Zip Code 32810

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

Name of Employer NAI REALVEST Occupation CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt 09 / 03 / 2015  
Transaction ID : SA11AI.4485

Amount of Each Receipt this Period 2548.61

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE LIVINGSTON**

Mailing Address 1800 PEMBROOK DRIVE  
SUITE 350

City ORLANDO State FL Zip Code 32810

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

Name of Employer NAI REALVEST Occupation CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5151.39

Date of Receipt 09 / 09 / 2015  
Transaction ID : SA11AI.4176

Amount of Each Receipt this Period 151.39  
IN-KIND: FACILITY RENTAL/CATERING SERVICES

**SUBTOTAL** of Receipts This Page (optional)..... 5000.00

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

201601150200001767

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

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

FOR LINE NUMBER: PAGE 29 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DOUG LONG**

Mailing Address 12540 PARK AVE.

City: WINDERMERE    State: FL    Zip Code: 34786

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

Name of Employer: PROSPECT MORTGAGE    Occupation: PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 28 / 2015  
Transaction ID: SA11AI.4510

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DOUG LONG**

Mailing Address 12540 PARK AVE.

City: WINDERMERE    State: FL    Zip Code: 34786

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

Name of Employer: PROSPECT MORTGAGE    Occupation: PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 09 / 01 / 2015  
Transaction ID: SA11AI.4511

Amount of Each Receipt this Period: 1700.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. LAURINDA LOTT**

Mailing Address 8280 TIBET BUTLER DRIVE

City: WINDERMERE    State: FL    Zip Code: 34786

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

Name of Employer: VALENCIA COMMUNITY COLLEGE    Occupation: ADJUNCT PROFESSOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 08 / 05 / 2015  
Transaction ID: SA11AI.4555

Amount of Each Receipt this Period: 2700.00

**SUBTOTAL** of Receipts This Page (optional)..... 5400.00

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

201601150200001768

**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 30 OF 93
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. LAURINDA LOTT**

Mailing Address **8280 TIBET BUTLER DRIVE**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **VALENCIA COMMUNITY COLLEGE** Occupation **ADJUNCT PROFESSOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **08 / 05 / 2015**

Transaction ID : **SA11AI.4556**

Amount of Each Receipt this Period **2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICK LUND**

Mailing Address **4101 SW 47TH AVE  
STE 102**

City **DAVIE** State **FL** Zip Code **33314**

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

Name of Employer **SRT GROUP** Occupation **FOUNDER & CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : **SA11AI.4537**

Amount of Each Receipt this Period **2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN MAHONY**

Mailing Address **14812 TANJA KING BLVD**

City **ORLANDO** State **FL** Zip Code **32828**

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

Name of Employer **KAVALIRO** Occupation **COO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 28 / 2015**

Transaction ID : **SA11AI.4467**

Amount of Each Receipt this Period **1000.00**

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

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

**6400.00**

201601150200001769

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. DONALD MARGO III</b>		Date of Receipt MM / DD / YYYY 07 / 19 / 2015	
Mailing Address 808 BLANCHARD AVE.		Transaction ID : SA11AI.4444	
City EL PASO	State TX	Zip Code 79902	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer HUB INTERNATIONAL INSURANCE SE	Occupation INSURANCE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>MR. ROBERT MCCALL</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2015	
Mailing Address 3149 LAMANGA DR		Transaction ID : SA11AI.4372	
City MELBOURNE	State FL	Zip Code 32940	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MR. MARK MERITHEW</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2015	
Mailing Address 4406 E. MAIN ST. STE #102-62		Transaction ID : SA11AI.4539	
City MESA	State AZ	Zip Code 85205	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SUBROSA INTERNATIONAL, LLC	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

201601150200001770



**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 32 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. J PATRICK MICHAELS**

Mailing Address **101 EAST KENNEDY BOULEVARD**  
**SUITE 3300**

City **TAMPA** State **FL** Zip Code **33602**

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

Name of Employer **THE CEA GROUP** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**08 / 05 / 2015**

Transaction ID : **SA11AI.4376**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. J PATRICK MICHAELS**

Mailing Address **101 EAST KENNEDY BOULEVARD**  
**SUITE 3300**

City **TAMPA** State **FL** Zip Code **33602**

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

Name of Employer **THE CEA GROUP** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5700.00**

Date of Receipt  
**08 / 05 / 2015**

Transaction ID : **SA11AI.4377**

Amount of Each Receipt this Period  
**3000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DR. MUHAMMAD A MOHIUDDIN**

Mailing Address **11247 BRIDGE HOUSE ROAD**

City **WINDERMERE** State **FL** Zip Code **34786**

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

Name of Employer **GASTROENTEROLOGY** Occupation **MD**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4430**

Amount of Each Receipt this Period  
**500.00**

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

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

**6200.00**

201601150200001771

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

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

FOR LINE NUMBER: PAGE 33 OF 93

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK MOORE**

Mailing Address **13018 LAKE LIVE OAK DRIVE**

City **ORLANDO** State **FL** Zip Code **32828**

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

Name of Employer **MARK MOORE** Occupation **EXEC**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**09 / 22 / 2015**

Transaction ID : **SA11AI.4477**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS MURPHY**

Mailing Address **2464 SW GLACIER PLACE  
SUITE 110**

City **REDMOND** State **OR** Zip Code **97756**

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

Name of Employer **HAYDEN HOMES** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**08 / 19 / 2015**

Transaction ID : **SA11AI.4439**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM P NASSAL**

Mailing Address **415 W. KALEY STREET**

City **ORLANDO** State **FL** Zip Code **32806**

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

Name of Employer **THE NASSAL COMPANY** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4549**

Amount of Each Receipt this Period  
**500.00**

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

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

**4000.00**

201601150200001772

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

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

FOR LINE NUMBER: PAGE 34 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**JODI NUNZIATA**

Mailing Address 2351 FORREST RD

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. SAL NUNZIATA**

Mailing Address 2351 FORREST ROAD

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
FBC MORTGAGE LLC MORTGAGE BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
330.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period  
330.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. SAL NUNZIATA**

Mailing Address 2351 FORREST ROAD

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
FBC MORTGAGE LLC MORTGAGE BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period  
2170.00

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

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

5000.00

20160115020001773

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

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

FOR LINE NUMBER: PAGE 35 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SAL NUNZIATA**

Mailing Address 2351 FORREST ROAD

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
FBC MORTGAGE LLC MORTGAGE BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3030.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2015

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period  
530.00

IN-KIND: FACILITY RENTAL/CATERING SERVICES

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN O'DONNELL**

Mailing Address 227 SOUTH ORLANDO AVENUE, SUITE 1A

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
INSURANCE CONSULTANTS INSURANCE AGENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2015

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period  
800.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER OATES**

Mailing Address 904 NORTH GREEN BAY ROAD

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
RIMLIGHT, LLC EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period  
2700.00

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

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

4030.00

201601150200001774

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

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

FOR LINE NUMBER: PAGE 36 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STUART OLIVER**

Mailing Address 15415 SW 84TH CT

City State Zip Code  
MIAMI FL 33157

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

Name of Employer Occupation  
SJ OLIVER CONSULTING INDEPENDENT CONTRACTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 /  /   
 09 / 23 / 2015

Transaction ID : SA11AJ.4374

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO BOX 334

City State Zip Code  
MORAN WY 83013

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 /  /   
 09 / 30 / 2015

Transaction ID : SA11AJ.4576

Amount of Each Receipt this Period  
2700.00

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

Mailing Address PO BOX 334

City State Zip Code  
MORAN WY 83013

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 /  /   
 09 / 30 / 2015

Transaction ID : SA11AJ.4577

Amount of Each Receipt this Period  
2700.00

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

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

5650.00

201601150200001775

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

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

FOR LINE NUMBER: PAGE 37 OF 93

(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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DARIN OLSON**

Mailing Address P.O. BOX 334

City <b>MORAN</b>	State <b>WV</b>	Zip Code <b>83013</b>
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Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : SA11AI.4434

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

Amount of Each Receipt this Period  
**2700.00**

Name of Employer <b>GLOBAL SECURITY CONSULTANTS, INC</b>	Occupation <b>SECURITY CONSULTANT</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2700.00</b>

**B.** Full Name (Last, First, Middle Initial)  
**MR. DARIN OLSON**

Mailing Address P.O. BOX 334

City <b>MORAN</b>	State <b>WV</b>	Zip Code <b>83013</b>
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Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Transaction ID : SA11AI.4435

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

Amount of Each Receipt this Period  
**2700.00**

Name of Employer <b>GLOBAL SECURITY CONSULTANTS, INC</b>	Occupation <b>SECURITY CONSULTANT</b>
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5400.00</b>

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAVIER ORTIZ**

Mailing Address 2870 PEACHTREE RD

City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30305</b>
------------------------	--------------------	--------------------------

Date of Receipt  
MM / DD / YYYY  
**08 / 13 / 2015**

Transaction ID : SA11AI.4401

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

Amount of Each Receipt this Period  
**2700.00**

Name of Employer <b>CCC</b>	Occupation <b>CONSULTANT</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2700.00</b>

**SUBTOTAL** of Receipts This Page (optional).....  
**8100.00**

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

201601150200001776

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

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

FOR LINE NUMBER: PAGE 38 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**NIRAV PANDYA**

Mailing Address **5919 MASTERS BLVD**

City **ORLANDO** State **FL** Zip Code **32819**

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

Name of Employer **ORION TECHNOLOGIES, LLC** Occupation **ENGINEER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4501**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **5919 MASTERS BLVD**

City **ORLANDO** State **FL** Zip Code **32819**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11AI.4579**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROB PANEPINTO**

Mailing Address **138 DETMAR DRIVE**

City **WINTER PARK** State **FL** Zip Code **32789**

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

Name of Employer **FLORENTINE STRATEGIES** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
**09 / 01 / 2015**

Transaction ID : **SA11AI.4419**

Amount of Each Receipt this Period  
**1500.00**

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

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

**6900.00**

201601150200001777

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

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

FOR LINE NUMBER: PAGE 39 OF 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM PARKER**

Mailing Address **PO BOX 950028**

City **LAKE MARY** State **FL** Zip Code **32795**

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

Name of Employer **SOUTHERN REALTY ENTERPRISES** Occupation **REAL ESTATE**

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**08 / 25 / 2015**

Transaction ID : **SA11AI.4534**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM PARKER**

Mailing Address **PO BOX 950028**

City **LAKE MARY** State **FL** Zip Code **32795**

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

Name of Employer **SOUTHERN REALTY ENTERPRISES** Occupation **REAL ESTATE**

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
**08 / 25 / 2015**

Transaction ID : **SA11AI.4535**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **1027 EDGEWATER DR.**

City **ORLANDO** State **FL** Zip Code **32804**

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

Name of Employer **RISING CURVE MEDIA** Occupation **BUSINESS**

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
**09 / 01 / 2015**

Transaction ID : **SA11AI.4515**

Amount of Each Receipt this Period  
**2700.00**

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

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

**8100.00**

201601150200001778



**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 40 OF 93

<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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRED W PAUZAR**

Mailing Address **118 EAST JEFFERSON STREET**

City **ORLANDO** State **FL** Zip Code **32801**

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

Name of Employer **BLACKWOOD** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 18 / 2015**

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. LEANN PERMAN**

Mailing Address **1027 EDGEWATER DR.**

City **ORLANDO** State **FL** Zip Code **32804**

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

Name of Employer **LEANN PERMAN, LLC** Occupation **WRITER & EDITOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 01 / 2015**

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRIS PONTE**

Mailing Address **13505 ICOT BLVD.  
STE 214**

City **CLEARWATER** State **FL** Zip Code **33760**

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

Name of Employer **CAFE PONTE** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **454.75**

Date of Receipt  
 MM / DD / YYYY  
**09 / 02 / 2015**

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period  
**454.75**

IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

**5854.75**

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

**5854.75**

201601150200001779

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

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

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(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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

NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT POPADITCH**

Mailing Address **625 BENTLEY LANE**

City **MAITLAND** State **FL** Zip Code **32751**

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

Name of Employer **MARKET LINK SERVICES LLC** Occupation **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **08 / 28 / 2015**  
Transaction ID : **SA11AI.4479**

Amount of Each Receipt this Period **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. LEMAN M PORTER**

Mailing Address **2501 ALAQUA DRIVE**

City **LONGWOOD** State **FL** Zip Code **32779**

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

Name of Employer **FRONTLINE INSURANCE** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **09 / 23 / 2015**  
Transaction ID : **SA11AI.4357**

Amount of Each Receipt this Period **2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. LEMAN M PORTER**

Mailing Address **2501 ALAQUA DRIVE**

City **LONGWOOD** State **FL** Zip Code **32779**

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

Name of Employer **FRONTLINE INSURANCE** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **09 / 30 / 2015**  
Transaction ID : **SA11AI.4356**

Amount of Each Receipt this Period **700.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **3200.00**

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

201601150200001780

**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 42 OF 93
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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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LEMAN M PORTER**

Mailing Address 2501.ALAQUA DRIVE

City State Zip Code  
LONGWOOD FL 32779

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

Name of Employer Occupation  
FRONTLINE INSURANCE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. OMAR QUDDUS**

Mailing Address 4004 MAGUIRE BLVD #6105

City State Zip Code  
ORLANDO FL 32803

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

Name of Employer Occupation  
OAKVIEW VENTURES, LLC INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MELISSA QUEEN-GRIM**

Mailing Address 1005 DRUID DRIVE

City State Zip Code  
MAITLAND FL 32751

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

Name of Employer Occupation  
OPD DISPATCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period  
2700.00

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

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

5900.00

201601150200001781

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

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

FOR LINE NUMBER:		PAGE 43 OF 93	
(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	

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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>MR. DAVID ROGERS</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2015	
Mailing Address 105 GRANITE PLACE		Transaction ID : SA11AI.4583	
City WILLIAMSBURG	State VA	Zip Code 22318	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer U.S. GOVERNMENT	Occupation INSTRUCTOR	Election Cycle-to-Date 250.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>RIZWAN SAFERALI</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015	
Mailing Address 1815 W VINE STREET STE. 115		Transaction ID : SA11AI.4585	
City KISSIMMEE	State FL	Zip Code 34741	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MAYWOOD VENTURES PROPERTY MANAGE	Occupation HOSPITALITY MANAGEMENT	Election Cycle-to-Date 250.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MR. JAMES G SALMON</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2015	
Mailing Address 8 PINE STREET		Transaction ID : SA11AI.4379	
City WINDERMERE	State FL	Zip Code 34786	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer TRANSURANCE RISK RETENTION GROUP, II	Occupation PRESIDENT/CEO	Election Cycle-to-Date 1000.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

201601150200001782

**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 44 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

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

Mailing Address 1003 BILTMORE DR NW

City State Zip Code  
WINTER HAVEN FL 33881

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

Name of Employer Occupation  
INDEPENDENT CONTRACTOR INSTRUCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period  
500.00

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

Mailing Address 519 PONCA TRAIL

City State Zip Code  
MAITLAND FL 32751

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

Name of Employer Occupation  
KASA VENTURES ENTREPRENEUR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 9744 CARILLON PARK DRIVE

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
SELF-EMPLOYED ARCHITEC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2015

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period  
2700.00

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

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

5900.00

201601150200001783

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

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

FOR LINE NUMBER: PAGE 45 OF 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN SCOTT**

Mailing Address 1123 MORRIS AVENUE

City State Zip Code  
ORLANDO FL 32803

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

Name of Employer Occupation  
PATRIOT DEFENSE GROUP EXECUTIVE

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN SCOTT**

Mailing Address 1123 MORRIS AVENUE

City State Zip Code  
ORLANDO FL 32803

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

Name of Employer Occupation  
PATRIOT DEFENSE GROUP EXECUTIVE

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. FAROUK SHAMI**

Mailing Address 66 WINDWARD COVE

City State Zip Code  
SPRING TX 77381

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

Name of Employer Occupation  
FAROUK SYSTEMS FOUNDER & CHAIRMAN

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2015

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

201601150200001784

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

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

FOR LINE NUMBER:		PAGE 46 OF 93	
(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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FAROUK SHAMI**

Mailing Address 66 WINDWARD COVE

City SPRING State TX Zip Code 77381

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

Name of Employer FAROUK SYSTEMS Occupation FOUNDER & CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2015

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**USMAN R SIDDIQUI**

Mailing Address 8038 WHITFORD COURT

City WINDERMERE State FL Zip Code 34786

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

Name of Employer FLORIDA CARDIOLOGY Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ADAM SKOLNIK**

Mailing Address 12001 VALLEY RD

City CLERMONT State FL Zip Code 34715

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

Name of Employer ICII Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period  
250.00

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

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

3250.00

201601150200001785

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

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

FOR LINE NUMBER: PAGE 47 OF 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**SABINE STENER**

Mailing Address 4800 ST JOHNS DR

City State Zip Code  
DALLAS TX 75205

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

Name of Employer Occupation  
GAEDEKE GROUP LLC CEO

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. LAURA VANTIL**

Mailing Address 9801 LAUREL VALLEY DR

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
THE KESSLER COLLECTION HOTEL OPERATIONS

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2015

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RON VIGDOR**

Mailing Address 225 NE MIZNER BOULEVARD SUITE 675

City State Zip Code  
BOCA RATON FL 33432

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

Name of Employer Occupation  
ALEVO GROUP S.A. EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional)..... 3700.00

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

201601150200001786



**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 48 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RON VIGDOR**

Mailing Address **225 NE MIZNER BOULEVARD SUITE 675**

City <b>BOCA RATON</b>	State <b>FL</b>	Zip Code <b>33432</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>ALEVO GROUP S.A.</b>	Occupation <b>EXECUTIVE VICE PRESIDENT</b>
---	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
**08 / 05 / 2015**

Transaction ID : **SA11AI.4344**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. KAREN WHITE**

Mailing Address **7572 141ST ST**

City <b>SEMINOLE</b>	State <b>FL</b>	Zip Code <b>33776</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>GENENTECH</b>	Occupation <b>OUTSIDE SALES</b>
--------------------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**09 / 24 / 2015**

Transaction ID : **SA11AI.4432**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLIFTON WILCOX**

Mailing Address **9509 LAUREL OAK DRIVE**

City <b>FREDERICKSBURG</b>	State <b>VA</b>	Zip Code <b>22407</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer <b>BLUE IGUANA GROUP, LLC</b>	Occupation <b>PRESIDENT/CEO</b>
---	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**08 / 10 / 2015**

Transaction ID : **SA11AI.4393**

Amount of Each Receipt this Period  
**2700.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001787

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 OF 93	
	(check only one)			
<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)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLIFTON WILCOX**

Mailing Address **9509 LAUREL OAK DRIVE**

City <b>FREDERICKSBURG</b>	State <b>VA</b>	Zip Code <b>22407</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer <b>BLUE IGUANA GROUP, LLC</b>	Occupation <b>PRESIDENT/CEO</b>
---	------------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
**08 / 10 / 2015**

Transaction ID : **SA11AI.4394**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **9509 LAUREL OAK DRIVE**

City <b>FREDERICKSBURG</b>	State <b>VA</b>	Zip Code <b>22407</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer <b>BLUE IGUANA GROUP, LLC</b>	Occupation <b>EXECUTIVE VICE PRESIDENT</b>
---	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**08 / 10 / 2015**

Transaction ID : **SA11AI.4396**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **9509 LAUREL OAK DRIVE**

City <b>FREDERICKSBURG</b>	State <b>VA</b>	Zip Code <b>22407</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer <b>BLUE IGUANA GROUP, LLC</b>	Occupation <b>EXECUTIVE VICE PRESIDENT</b>
---	---

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
**08 / 10 / 2015**

Transaction ID : **SA11AI.4397**

Amount of Each Receipt this Period  
**2700.00**

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

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

**8100.00**

201601150200001788

**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 50 OF 93
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CARRIE WILLIAMS**

Mailing Address 1531 N. PIERCE ST.  
APT. 203

City ARLINGTON State VA Zip Code 22209

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

Name of Employer: WOOF'S! DOG TRAINING CENTER Occupation: DOG TRAINER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT WILLIAMS**

Mailing Address 4463 BRITON COURT

City WOODBRIDGE State VA Zip Code 22192

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 10 / 2015

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period: 1500.00

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

Mailing Address 4463 BRITON COURT

City WOODBRIDGE State VA Zip Code 22192

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 09 / 27 / 2015

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period: 1200.00

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

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

2950.00

201601150200001789

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

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

FOR LINE NUMBER: PAGE 51 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**SUNCHA WILLIAMS**

Mailing Address 4463 BRITON COURT

City: WOODBRIDGE    State: VA    Zip Code: 22192

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

Name of Employer: RETIRED    Occupation: RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 10 / 2015

Transaction ID : SA11AI.4594

Amount of Each Receipt this Period: 1500.00

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

Mailing Address 4463 BRITON COURT

City: WOODBRIDGE    State: VA    Zip Code: 22192

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

Name of Employer: RETIRED    Occupation: RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 09 / 27 / 2015

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period: 1200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROB WILSON**

Mailing Address 4737 CENTRAL

City: WESTERN SPRINGS    State: IL    Zip Code: 60558

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

Name of Employer: CORPORATE RICK MANAGEMENT, INC.    Occupation: PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 30 / 2015

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period: 500.00

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

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

3200.00

201601150200001790

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

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

FOR LINE NUMBER: PAGE 52 OF 93  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PAUL ZALUCKY**

Mailing Address 31 RAND ROAD

City SOUTHPORT State ME Zip Code 04576

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

Name of Employer INDEPENDENT CONTRACTOR Occupation INSTRUCTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 09 / 30 / 2015

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... 250.00

**TOTAL** This Period (last page this line number only)..... 241534.75

201601150200001791

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

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

FOR LINE NUMBER: PAGE 53 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**TODD WILCOX**

Mailing Address **PO BOX 616308**

City **ORLANDO** State **FL** Zip Code **32861**

FEC ID number of contributing federal political committee. **C S6FL00335**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**512767.95**

Date of Receipt  
**09 / 30 / 2015**

Transaction ID : **SA11D.4602**

Amount of Each Receipt this Period  
**12767.95**

IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT  
SEE MEMOS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

**12767.95**

**12767.95**

201601150200001792

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

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

FOR LINE NUMBER: PAGE 54 OF 93

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)  
**TODD WILCOX**

Mailing Address **PO BOX 616308**

City State Zip Code  
**ORLANDO FL 32861**

FEC ID number of contributing federal political committee. **C S6FL00335**

Name of Employer Occupation  
**CANDIDATE CANDIDATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100000.00**

Date of Receipt

**MM / DD / YYYY**  
**06 / 18 / 2015**

Transaction ID : **SA13A.4190**

Amount of Each Receipt this Period

**100000.00**

Full Name (Last, First, Middle Initial)  
**TODD WILCOX**

Mailing Address **PO BOX 616308**

City State Zip Code  
**ORLANDO FL 32861**

FEC ID number of contributing federal political committee. **C S6FL00335**

Name of Employer Occupation  
**CANDIDATE CANDIDATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500000.00**

Date of Receipt

**MM / DD / YYYY**  
**09 / 30 / 2015**

Transaction ID : **SA13A.4191**

Amount of Each Receipt this Period

**400000.00**

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

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

**500000.00**

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

**500000.00**

201601150200001793

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. 101 RESTAURANT**

Mailing Address 215 W COLLEGE AVE.  
UNIT 101

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: MEAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.4264

[MEMO ITEM]

**B. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 21 / 2015

Amount of Each Disbursement this Period

88.40
-------

Transaction ID : SB17.4114

**C. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 22 / 2015

Amount of Each Disbursement this Period

2.00
------

Transaction ID : SB17.4115

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

90.40
-------

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

--

201601150200001794



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 14.00
City BEVERLY	State MA	
Zip Code 01915		Transaction ID : SB17.4116
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00
City BEVERLY	State MA	
Zip Code 01915		Transaction ID : SB17.4117
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 108.00
City BEVERLY	State MA	
Zip Code 01915		Transaction ID : SB17.4118
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

142.00

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

201601150200001795

**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 57 OF 93

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.4119

**B. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.4120

**C. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Amount of Each Disbursement this Period

432.00

Transaction ID : SB17.4121

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

544.00

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

201601150200001796

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	11	2015

Amount of Each Disbursement this Period

108.00
--------

Transaction ID : SB17.4122

Category/  
Type

**B. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	12	2015

Amount of Each Disbursement this Period

540.20
--------

Transaction ID : SB17.4123

Category/  
Type

**C. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	13	2015

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.4124

Category/  
Type

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

768.20
--------

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

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201601150200001797

**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 59 OF 93

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 108.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4125	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 10.00
City BEVERLY State MA Zip Code 01915	Candidate Name	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 100.00
City BEVERLY State MA Zip Code 01915	Candidate Name	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	218.00
TOTAL This Period (last page this line number only).....	

201601150200001798

**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 60 OF 93

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.4128

**B. APEX**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.4129

**C. APEX**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.4130

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

60.00

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

201601150200001799

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.4131

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period

216.00

Transaction ID : SB17.4132

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4133

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

476.00

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

201601150200001800

**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 62 OF 93
	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement
Mailing Address 138 CONANT STREET SECOND FLOOR		MM / DD / YYYY 09 / 09 / 2015
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement MERCHANT FEES	Category/Type	Amount of Each Disbursement this Period 218.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Transaction ID : SB17.4134

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement
Mailing Address 138 CONANT STREET SECOND FLOOR		MM / DD / YYYY 09 / 10 / 2015
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement MERCHANT FEES	Category/Type	Amount of Each Disbursement this Period 4.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Transaction ID : SB17.4135

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement
Mailing Address 138 CONANT STREET SECOND FLOOR		MM / DD / YYYY 09 / 17 / 2015
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement MERCHANT FEES	Category/Type	Amount of Each Disbursement this Period 30.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Transaction ID : SB17.4136

SUBTOTAL of Disbursements This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

201601150200001801

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4137
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 32.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4138
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4139
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	92.00
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001802



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. APEX</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4140
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APEX</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4141
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APEX</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4142
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	82.00
<b>TOTAL</b> This Period (last page this line number only) .....	

201601150200001803

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

**A. APEX**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 09 / 28 / 2015

Amount of Each Disbursement this Period: 24.00

Transaction ID : SB17.4143

Category/Type

**B. APEX**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2015

Amount of Each Disbursement this Period: 2.00

Transaction ID : SB17.4144

Category/Type

**C. APEX**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2015

Amount of Each Disbursement this Period: 160.00

Transaction ID : SB17.4145

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 186.00

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

201601150200001804

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. ANDREW L. ASHER</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 4767 NEW BROAD STREET		Amount of Each Disbursement this Period 7500.00
City ORLANDO	State FL	
Zip Code 32814		Transaction ID : SB17.4107
Purpose of Disbursement LEGAL CONSULTING	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. BEAR LAKES COUNTRY CLUB</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1901 VILLAGE BLVD.		Amount of Each Disbursement this Period 10.50
City WEST PALM BEACH	State FL	
Zip Code 33409		Transaction ID : SB17.4221
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: MEAL	Category/ Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BISHOP MEDIA GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 673 LITTLE WEKIVA ROAD		Amount of Each Disbursement this Period 3100.00
City ALTAMONTE SPRINGS	State FL	
Zip Code 32714		Transaction ID : SB17.4147
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	10600.00
TOTAL This Period (last page this line number only).....	

20160115020001805

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. BUFFALO WILD WINGS**

Mailing Address 3290 TAMIAMI TRL E

City State Zip Code  
NAPLES FL 34112

Purpose of Disbursement  
WILCOX REIMBURSEMENT: TRAVEL: MEAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period

30.98

Transaction ID : SB17.4193

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHICK-FIL-A**

Mailing Address 8673 SUMMIT CENTRE WAY

City State Zip Code  
ORLANDO FL 32810

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: MEAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period

6.76

Transaction ID : SB17.4254

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CHRISSY'S COURTHOUSE TAVERN**

Mailing Address 3340 TAMIAMI TRL E

City State Zip Code  
NAPLES FL 34112

Purpose of Disbursement  
WILCOX REIMBURSEMENT: TRAVEL: MEAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period

33.62

Transaction ID : SB17.4199

[MEMO ITEM]

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

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

0.00

201601150200001806

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. CITY OF JACKSONVILLE**

Mailing Address 117 W DUVAL ST.

City JACKSONVILLE State FL Zip Code 32202

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period

1000.00 8.00

Transaction ID : SB17.4258

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CITY OF TAMPA PARKING**

Mailing Address 306 EAST JACKSON STREET

City TAMPA State FL Zip Code 33602

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Amount of Each Disbursement this Period

1000.00 3.00

Transaction ID : SB17.4240

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CORE MEDIA CONCEPTS**

Mailing Address 4984 DOVER CIRCLE

City ORLANDO State FL Zip Code 32807

Purpose of Disbursement  
WEB DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Amount of Each Disbursement this Period

1000.00 1000.00

Transaction ID : SB17.4149

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

1000.00

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

1000.00

201601150200001807

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. DIAMOND LIMOUSINE</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 636 20TH AVE.		Amount of Each Disbursement this Period 144.00
City VERO BEACH	State FL	
Zip Code 32962	Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.4201
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DOUBLETREE</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 101 S ADAMS ST.		Amount of Each Disbursement this Period 452.25
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: LODGING	Transaction ID : SB17.4207
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. E-PASS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address PO BOX 720218		Amount of Each Disbursement this Period 3.29
City ORLANDO	State FL	
Zip Code 32872	Purpose of Disbursement ROBINSON REIMBURSEMENT: TOLLS	Transaction ID : SB17.4268
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

0.00

201601150200001808

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. E-PASS**

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Mailing Address PO BOX 720218

Amount of Each Disbursement this Period

18.54
-------

City State Zip Code  
ORLANDO FL 32872

Transaction ID : SB17.4272

Purpose of Disbursement  
MCDUGALD REIMBURSEMENT: TOLLS

--

[MEMO ITEM]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. EXXON MOBIL**

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Mailing Address 198 NW 51ST STREET

Amount of Each Disbursement this Period

7.21
------

City State Zip Code  
BOCA RATON FL 33431

Transaction ID : SB17.4234

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: FUEL

--

[MEMO ITEM]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. EXXON MOBIL**

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Mailing Address 3000 W COLONIAL DRIVE

Amount of Each Disbursement this Period

61.58
-------

City State Zip Code  
ORLANDO FL 32808

Transaction ID : SB17.4215

Purpose of Disbursement  
WILCOX REIMBURSEMENT: TRAVEL: FUEL

--

[MEMO ITEM]

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

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

0.00
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TOTAL This Period (last page this line number only).....

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201601150200001809

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

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

FOR LINE NUMBER: PAGE 71 OF 93  
(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)  
**TODD WILCOX FOR US SENATE**

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

Mailing Address 1601 WILLOW RD.

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement  
WILCOX REIMBURSEMENT: PLACED MEDIA

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period  
101.02

Transaction ID : SB17.4223

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. FLYNN INTEL GROUP**

Mailing Address PO BOX 23

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
TRAVEL: TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period  
730.85

Transaction ID : SB17.4151

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

Mailing Address 8611 LEMMON AVE.

City DALLAS State FL Zip Code 75209

Purpose of Disbursement  
WILCOX REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period  
124.30

Transaction ID : SB17.4211

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 730.85

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

201601150200001810



**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. GRAND HYATT TAMPA BAY</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 2900 BAYPORT DRIVE		Amount of Each Disbursement this Period 10.00
City TAMPA	State FL	
Zip Code 33607		Transaction ID : SB17.4256
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: PARKING		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. GULF</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 7120 SOUTHGATE BLVD.		Amount of Each Disbursement this Period 7.34
City NORTH LAUDERDALE	State FL	
Zip Code 33068		Transaction ID : SB17.4205
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: FOOD		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SOHAIL HALANI</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 11018 ULLSWATER LANE		Amount of Each Disbursement this Period 900.00
City WINDERMERE	State FL	
Zip Code 34786		Transaction ID : SB17.4601
Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

201601150200001811

**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)  
**TODD WILCOX FOR US SENATE**

**A. HERTZ RENT-A-CAR**

Full Name (Last, First, Middle Initial)  
Mailing Address 160 AVIATION DRIVE N

City NAPLES State FL Zip Code 34104

Purpose of Disbursement  
WILCOX REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period  
278.42

Transaction ID : SB17.4195

[MEMO ITEM]

**B. HYATT REGENCY JACKSONVILLE**

Full Name (Last, First, Middle Initial)  
Mailing Address 255 COAST LINE DRIVE EAST

City JACKSONVILLE State FL Zip Code 32202

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: MEAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 31 / 2015

Amount of Each Disbursement this Period  
5.28

Transaction ID : SB17.4248

[MEMO ITEM]

**C. JENNIFER MCDUGALD, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 521

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 31 / 2015

Amount of Each Disbursement this Period  
1500.00

Transaction ID : SB17.4172

**SUBTOTAL** of Disbursements This Page (optional)..... 1500.00

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

201601150200001812

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER MCDOUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 1000.00
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement IN-KIND: FUNDRAISING CONSULTING	Transaction ID : SB17.4189
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JENNIFER MCDOUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 25.74
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Transaction ID : SB17.4275
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JENNIFER MCDOUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 148.96
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.4276
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

1174.70

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

201601150200001813

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER MCDUGALD, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address PO BOX 521		Amount of Each Disbursement this Period 3000.00
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.4277
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 5000.00
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.4155
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 221.96
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Transaction ID : SB17.4278
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

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

8221.96

201601150200001814

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4156
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 109.64 Transaction ID : SB17.4279
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JOE ROBINSON, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 7317 LISMORE COURT		Amount of Each Disbursement this Period 127.68 Transaction ID : SB17.4280
City ORLANDO	State FL	
Zip Code 32835	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

5237.32

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

201601150200001815

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)  
**A. LIBERTY GARAGE**

Mailing Address 112 E CENTRAL AVE.

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement  
MCDUGALD REIMBURSEMENT: TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period  
6.00

Transaction ID : SB17.4270

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. MR. GEORGE LIVINGSTON**

Mailing Address 1800 PEMBROOK DRIVE SUITE 350

City ORLANDO State FL Zip Code 32810

Purpose of Disbursement  
IN-KIND: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 09 / 2015

Amount of Each Disbursement this Period  
151.39

Transaction ID : SB17.4178

Full Name (Last, First, Middle Initial)  
**C. MAGNOLIA POINT GOLF & COUNTRY CLUB**

Mailing Address 3670 CLUBHOUSE DRIVE

City GREEN COVE SPRINGS State FL Zip Code 32043

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: MEAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Disbursement this Period  
25.40

Transaction ID : SB17.4262

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 151.39

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

201601150200001816

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. MILLENNIUM CONSULTING**

Mailing Address P.O.BOX 568926

Date of Disbursement

M M M	D D D	Y Y Y Y Y
07	31	2015

City State Zip Code  
ORLANDO FL 32856

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
STRATEGY CONSULTING

--

Transaction ID : SB17.4158

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. NICEBADGE**

Mailing Address 1710 HARBECK RD.

Date of Disbursement

M M M	D D D	Y Y Y Y Y
08	28	2015

City State Zip Code  
GRANTS PASS OR 97527

Amount of Each Disbursement this Period

25.90
-------

Purpose of Disbursement  
WILCOX REIMBURSEMENT: OFFICE SUPPLIES

--

Transaction ID : SB17.4227

Candidate Name

Category/  
Type

(MEMO ITEM)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. MR. SAL NUNZIATA**

Mailing Address 2351 FORREST ROAD

Date of Disbursement

M M M	D D D	Y Y Y Y Y
08	27	2015

City State Zip Code  
WINTER PARK FL 32789

Amount of Each Disbursement this Period

530.00
--------

Purpose of Disbursement  
IN-KIND: FACILITY RENTAL/CATERING SERVICES

--

Transaction ID : SB17.4187

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

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

4530.00
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TOTAL This Period (last page this line number only).....

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201601150200001817

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 1395 SE 17TH ST.

City State Zip Code  
FORT LAUDERDALE FL 33316

Purpose of Disbursement  
WILCOX REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period

720.00

Transaction ID : SB17.4203

[MEMO ITEM]

**B. OLYMPUS LIMO INC**

Mailing Address 8020 MASS AVE.

City State Zip Code  
NEW PORT RICHEY FL 34653

Purpose of Disbursement  
WILCOX REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period

231.00

Transaction ID : SB17.4197

[MEMO ITEM]

**C. JACQUELINE PAGE**

Mailing Address 25 EMILY LANE

City State Zip Code  
PEABODY MA 01960

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Disbursement this Period

720.00

Transaction ID : SB17.4153

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

720.00

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

201601150200001818



**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 2403.00
City OVIEDO	State FL	
Zip Code 32765		Transaction ID : SB17.5062
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 3151.10
City OVIEDO	State FL	
Zip Code 32765		Transaction ID : SB17.5063
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 1510.80
City OVIEDO	State FL	
Zip Code 32765		Transaction ID : SB17.5064
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201601150200001819

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 1572.95
City OVIEDO	State FL	
Zip Code 32765		Transaction ID : SB17.5065
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 2435.00
City OVIEDO	State FL	
Zip Code 32765		Transaction ID : SB17.5066
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. PERRIELLO AVIATION</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 3100 CAMP ROAD		Amount of Each Disbursement this Period 1695.10
City OVIEDO	State FL	
Zip Code 32765		Transaction ID : SB17.5069
Purpose of Disbursement IN-KIND: TRAVEL:CANDIDATE LEASED AIRCRAFT SEE MEMOS		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001820

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. MR. CHRIS PONTE</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 13505 ICOT BLVD. STE 214		Amount of Each Disbursement this Period 454.75
City CLEARWATER	State FL	
Zip Code 33760	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.4184
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. POST OFFICE-ORLO VISTA</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 501 S KIRKMAN ROAD		Amount of Each Disbursement this Period 82.00
City ORLANDO	State FL	
Zip Code 32811	Purpose of Disbursement ROBINSON REIMBURSEMENT: PO BOX	Transaction ID : SB17.4242
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. POST OFFICE-WINDERMERE</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 9300 CONROY WINDERMERE ROAD		Amount of Each Disbursement this Period 11.44
City WINDERMERE	State FL	
Zip Code 34786	Purpose of Disbursement ROBINSON REIMBURSEMENT: POSTAGE	Transaction ID : SB17.4266
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	454.75
TOTAL This Period (last page this line number only).....	

201601150200001821

**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	<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. POST OFFICE-WINDERMERE**

Mailing Address 9300 CONROY WINDERMERE ROAD

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement  
MCDUGALD REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Disbursement this Period

1.20
------

Transaction ID : SB17.4271

[MEMO ITEM]

**B. PROPARK AMERICA**

Mailing Address 255 COAST LINE DRIVE EAST

City JACKSONVILLE State FL Zip Code 32202

Purpose of Disbursement  
ROBINSON REIMBURSEMENT: TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Disbursement this Period

12.00
-------

Transaction ID : SB17.4250

[MEMO ITEM]

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Disbursement this Period

2750.00
---------

Transaction ID : SB17.4160

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

2750.00
---------

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

--

201601150200001822

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 31 / 2015

Amount of Each Disbursement this Period

5516.53
---------

Transaction ID : SB17.4161

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 10 / 2015

Amount of Each Disbursement this Period

5500.00
---------

Transaction ID : SB17.4162

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Amount of Each Disbursement this Period

5521.45
---------

Transaction ID : SB17.4163

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

16537.98
----------

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

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201601150200001823

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN PARTY OF PALM BEACH COUNTY</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1555 PALM BEACH LAKE BLVD. SUITE 120		Amount of Each Disbursement this Period 50.00
City WEST PALM BEACH	State FL	
Zip Code 33401	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: MEAL	Transaction ID : SB17.4230
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN PARTY OF PALM BEACH COUNTY</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1555 PALM BEACH LAKE BLVD. SUITE 120		Amount of Each Disbursement this Period 500.00
City WEST PALM BEACH	State FL	
Zip Code 33401	Purpose of Disbursement EVENT REGISTRATION FEE	Transaction ID : SB17.4165
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 2501 NW 42ND AVE.		Amount of Each Disbursement this Period 2.19
City MIAMI	State FL	
Zip Code 33142	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4232
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

201601150200001824

**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 86 OF 93
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4395 TAMIAMI TRAIL		Amount of Each Disbursement this Period 6.89
City PORT CHARLOTT	State FL	
Zip Code 33980	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4236
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1002 N WEST SHORE BL.		Amount of Each Disbursement this Period 7.19
City TAMPA	State FL	
Zip Code 33607	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4238
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 940 POST ST.		Amount of Each Disbursement this Period 25.06
City JACKSONVILLE	State FL	
Zip Code 32204	Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4209
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001825

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. SONNY'S REAL PIT BBQ</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 15800 US HWY 441		Amount of Each Disbursement this Period 23.89
City EUSTIS	State FL	
Zip Code 32726	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: MEAL	Transaction ID : SB17.4244
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SQUARE, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 110 5TH STREET		Amount of Each Disbursement this Period 189.15
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4171
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 4100 GEORGE J BEAN PKWY		Amount of Each Disbursement this Period 8.09
City TAMPA	State FL	
Zip Code 33607	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.4252
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.15
<b>TOTAL</b> This Period (last page this line number only).....	

201601150200001826



**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. T-MOBILE</b>		Date of Disbursement
Mailing Address 12920 SE 38TH ST.		MM / DD / YYYY 08 / 28 / 2015
City BELLEVUE	State WA	Zip Code 98006
Purpose of Disbursement WILCOX REIMBURSEMENT: MOBILE PHONE EXPENSE	Category/ Type	Amount of Each Disbursement this Period 32.35
Candidate Name	Transaction ID : SB17.4225	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE COLONNADE RESTAURANT</b>		Date of Disbursement
Mailing Address 3401 BAYSHORE BLVD.		MM / DD / YYYY 08 / 28 / 2015
City TAMPA	State FL	Zip Code 33629
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: MEAL	Category/ Type	Amount of Each Disbursement this Period 19.86
Candidate Name	Transaction ID : SB17.4217	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE GRIDDLE</b>		Date of Disbursement
Mailing Address 475 NE SPANISH RIVER BLVD.		MM / DD / YYYY 08 / 28 / 2015
City BOCA RATON	State FL	Zip Code 33431
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: MEAL	Category/ Type	Amount of Each Disbursement this Period 37.07
Candidate Name	Transaction ID : SB17.4219	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

20160115020001827

**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 89 OF 93

<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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 233 S WACKER DRIVE		Amount of Each Disbursement this Period 1502.80
City CHICAGO	State IL	
Zip Code 60606		Transaction ID : SB17.4229
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAIRWAY</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 4000 E SKY HARBOR BLVD.		Amount of Each Disbursement this Period 427.20
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.4213
Purpose of Disbursement WILCOX REIMBURSEMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 2600 S KIRKMAN RD.		Amount of Each Disbursement this Period 22.31
City ORLANDO	State FL	
Zip Code 32811		Transaction ID : SB17.4246
Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: SUPPLIES		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

0.00

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

20160115020001828

**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)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. TODD WILCOX</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address PO BOX 616308		Amount of Each Disbursement this Period 3583.03
City ORLANDO	State FL	
Zip Code 32861	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Transaction ID : SB17.4274
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 00	

Full Name (Last, First, Middle Initial) <b>B. TODD WILCOX</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO BOX 616308		Amount of Each Disbursement this Period 12767.95
City ORLANDO	State FL	
Zip Code 32861	Purpose of Disbursement IN-KIND: TRAVEL: CANDIDATE LEASED AIRCRAFT SEE MEMOS	Transaction ID : SB17.4603
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 00	

Full Name (Last, First, Middle Initial) <b>C. ZELLWOOD EXXON MOBIL</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 4496 NORTH ORANGE BLOSSOM TRAIL		Amount of Each Disbursement this Period 26.66
City ZELLWOOD	State FL	
Zip Code 32797	Purpose of Disbursement ROBINSON REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.4260
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16350.98
<b>TOTAL</b> This Period (last page this line number only).....	74459.68

201601150200001829

**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 91 OF 93

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

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NAME OF COMMITTEE (In Full)  
**TODD WILCOX FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. MR. J PATRICK MICHAELS**

Mailing Address 101 EAST KENNEDY BOULEVARD  
SUITE 3300

City TAMPA State FL Zip Code 33602

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB20A.4174

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

M M	/	D D	/	Y Y Y Y

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

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

Category/  
Type

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

300.00
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TOTAL This Period (last page this line number only).....

300.00
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201601150200001830

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

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

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

NAME OF COMMITTEE (In Full) **TODD WILCOX FOR US SENATE** Transaction ID : SC/10.4190

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **TODD WILCOX** [PERSONAL FUNDS]  
Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 616308

City State ZIP Code  
ORLANDO FL 32861

Original Amount of Loan 100000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 100000.00

**TERMS**  
Date Incurred: MM/06 / DD/18 / YYYY/2015 Date Due: MM/ / DD/ / YYYY/12/31/2018 Interest Rate: 0.00 % (apr) Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)... 100000.00  
**TOTALS** This Period (last page in this line only) ...

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

201601150200001831

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4191

**TODD WILCOX FOR US SENATE**

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

[PERSONAL FUNDS]

Election: 2016

**TODD WILCOX**

Primary

Mailing Address  
PO BOX 616308

General

Other (specify) ▼

City State ZIP Code  
ORLANDO FL 32861

Original Amount of Loan 400000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 400000.00
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**TERMS**

Date Incurred: 09 / 30 / 2015 Date Due: 12/31/2018 Interest Rate: 0.00 % (apr) Secured:  Yes  No

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

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

SUBTOTALS This Period This Page (optional)...

400000.00

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

500000.00

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

201601150200001832

201601150200001833



United States Senate  
Post Office

ORIGIN ID:MXGA (617) 303-6800  
BRAD  
RED CURVE SOLUTIONS  
138 CONANT ST  
2ND FLOOR  
BEVERLY, MA 01915  
UNITED STATES US

SHIP DATE: 12JAN16  
ACTWGT: 0.30 LB  
CAD: 105653717/NET3670

BILL SENDER

TO SENATE OFFICE OF PUBLIC RECORDS  
SENATE OFFICE OF PUBLIC RECORDS  
232 HART SENATE OFFICE BUILDING

539J10ES181DO

WASHINGTON DC 20510

REF: TODD WILCOX FOR US SENATE

(202) 224-0322  
INV.  
PO:

DEPT:



FedEx  
Express



REL#  
3785346

FedEx Ship Manager - Print Your Label(s)

WED - 13 JAN 3:00P  
STANDARD OVERNIGHT

TRK# 7753 9474 1947  
0201

20510  
DC-US IAD

EP YKNA



United States Senate  
Post Office

729

2  
15:00

1947  
01.13  
Score  
Senat

DEC 18 2015

JAN 13 2016

Scanned by  
Senate Post Office

1/12/2016

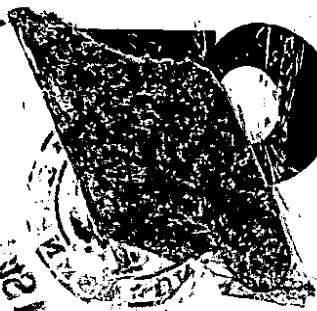
SS

011502UB01034

OPENED  
FOR  
INSPECTION



JAN 13 2016



FedEx



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	1-12-16	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

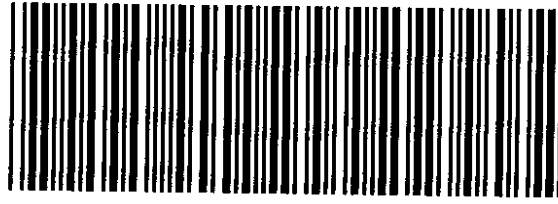
POSTMARK ILLEGIBLE  POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

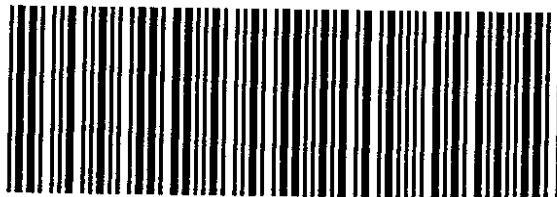
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **1-15-16**

201601150200001835



SEN PATCH



SEN PATCH

201601150200001836