

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

MICA FOR CONGRESS

ADDRESS (number and street)

P. O. Box 181546

Check if different  
than previously  
reported. (ACC)

Casselberry

FL

32718

2. FEC IDENTIFICATION NUMBER ▼

C

C00283051

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
08 / 26 / 2014in the  
State of

FL

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
08 / 06 / 2014

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 W Edward Langdon

Signature of Treasurer

W Edward Langdon

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
08 / 14 / 2014

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MICA FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

	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))....	25800.00	700154.89
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	25800.00	694154.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	45366.17	335325.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	4011.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	45266.17	331313.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	542110.94	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	10000.00	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 41

Write or Type Committee Name

MICA FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

**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).....

8700.00

262574.00

(ii) Unitemized.....

600.00

57855.89

(iii) TOTAL of contributions from individuals ▶

9300.00

320429.89

(b) Political Party Committees.....

0.00

0.00

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

16500.00

379725.00

(d) The Candidate.....

0.00

0.00

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

25800.00

700154.89

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

0.00

0.00

**13. LOANS:**

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

100.00

4011.70

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

0.00

187.54

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

25900.00

704354.13

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 41

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45366.17	335325.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6000.00
21. OTHER DISBURSEMENTS .....	0.00	46685.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	45366.17	388010.41

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	561577.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25900.00
25. SUBTOTAL (add Line 23 and Line 24).....	587477.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45366.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	542110.94

# **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 5 OF 41

☒ 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)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles W. Abbott**  
Mailing Address 2035 Summerland Avenue

City State Zip Code  
Winter Park FL 32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holland & Knight

Occupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 28 2014

Transaction ID : 0036641

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. George M Rapier III**  
Mailing Address 119 E. Kings Hwy

City State Zip Code  
San Antonio TX 78212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellMed Medical Management, Inc

Occupation  
Chief Executive Officer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 28 2014

Transaction ID : 0036642

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Lane**  
Mailing Address 3229 Winding Pine Tr

City State Zip Code  
Longwood FL 32779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sealane Marketing

Occupation  
Salesperson

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 03 2014

Transaction ID : 0036728

Amount of Each Receipt this Period

1000.00

On line contribution

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

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

1750.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dolores Worswick

Mailing Address 1212 N. Park Ave

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

Transaction ID : 0036647

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Mrs. Jo Ann Farb

Mailing Address 2451 Castlewood Rd

City

Maitland

State

FL

Zip Code

32751-3630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Housewife

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

Transaction ID : 0036649

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Maylinda S Detweiler

Mailing Address 1602 Summerland Ave

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Meridian CorporationOccupation  
Accountant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

Transaction ID : 0036650

Amount of Each Receipt this Period

500.00

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

1200.00

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

# **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 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ms. Mary Goldsmith

Mailing Address 811 4th St NW Unit 914

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McGladrey LLP

Occupation

Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		05		2014

Transaction ID : 0036655

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. Wayne R Nelson

Mailing Address PO BOX 917730

City

Longwood

State

FL

Zip Code

32791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nelson Residential Communities, Inc.

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		05		2014

Transaction ID : 0036658

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. Tom R. Sheibenberger

Mailing Address 401 Sunset Dr

City

Sanford

State

FL

Zip Code

32773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rich-United Corp.

Occupation

Secretary

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		05		2014

Transaction ID : 0036659

Amount of Each Receipt this Period

2600.00

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

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

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 41

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

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

NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Tom R. Sheibenberger</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2014	
Mailing Address 401 Sunset Dr		<b>Transaction ID : 0036660</b>	
City Sanford	State FL	Zip Code 32773	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rich-United Corp.	Occupation Secretary		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Richard R. Swann</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 750 Gatlin Ave		<b>Transaction ID : 0036662</b>	
City Orlando	State FL	Zip Code 32806	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Swann Hadley	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. E. Hardy Vaughn CLU</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address Pob 532017 1407 East Robinson St		<b>Transaction ID : 0036663</b>	
City Orlando	State FL	Zip Code 32853	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Vaughn Group, Inc.	Occupation Certified Financial Planr		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1900.00	
<b>TOTAL</b> This Period (last page this line number only).....		8700.00	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 41

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)  
**MICA FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**A. Embraer Aircraft Holding Inc PAC**

Mailing Address 276 SW 34th Street

City	State	Zip Code
Ft. Lauderdale	FL	33315

FEC ID number of contributing  
federal political committee.**C** C00472225

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : 0036635

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)  
**B. CenturyLink Employees' PAC**

Mailing Address 555 Lake Border Drive

City	State	Zip Code
Apopka	FL	32703-5815

FEC ID number of contributing  
federal political committee.**C** C00419911

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : 0036636

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. United Parcel Service PAC**

Mailing Address 55 Glenlake Pkwy NE

City	State	Zip Code
Atlanta	GA	30328

FEC ID number of contributing  
federal political committee.**C** C00064766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 0036643

Amount of Each Receipt this Period

1000.00

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

3500.00

# **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 10 OF 41

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)  
**MICA FOR CONGRESS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Energy Transfer Employee Management Compay PAC</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		04		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
08		04		2014										
<b>Mailing Address</b> 400 W. 15th Street Suite 720		<b>Transaction ID : 0036644</b>												
<b>City</b> Austin <b>State</b> TX <b>Zip Code</b> 78701	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="10"></td> <td>5000.00</td> </tr> </table>													5000.00
										5000.00				
<b>FEC ID number of contributing federal political committee.</b> C C00438754														
<b>Name of Employer</b> 		<b>Occupation</b> 												
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="10"></td> <td>5000.00</td> </tr> </table>												5000.00
										5000.00				
<b>B. Full Name (Last, First, Middle Initial)</b> <b>Boeing Political Action Committee</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		04		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
08		04		2014										
<b>Mailing Address</b> 1200 Wilson Blvd		<b>Transaction ID : 0036648</b>												
<b>City</b> Arlington <b>State</b> VA <b>Zip Code</b> 22209	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="10"></td> <td>500.00</td> </tr> </table>													500.00
										500.00				
<b>FEC ID number of contributing federal political committee.</b> C C00142711														
<b>Name of Employer</b> 		<b>Occupation</b> 												
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="10"></td> <td>4000.00</td> </tr> </table>												4000.00
										4000.00				
<b>C. Full Name (Last, First, Middle Initial)</b> <b>Siemens Corporation PAC</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		04		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
08		04		2014										
<b>Mailing Address</b> 300 New Jersey Ave, NW, Ste 1000		<b>Transaction ID : 0036651</b>												
<b>City</b> Washington <b>State</b> DC <b>Zip Code</b> 20001	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>													1000.00
										1000.00				
<b>FEC ID number of contributing federal political committee.</b> C C00353797														
<b>Name of Employer</b> 		<b>Occupation</b> 												
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="10"></td> <td>3000.00</td> </tr> </table>												3000.00
										3000.00				
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		<table border="1"> <tr> <td colspan="10"></td> <td>6500.00</td> </tr> </table>												6500.00
										6500.00				
<b>TOTAL This Period (last page this line number only)</b> .....		<table border="1"> <tr> <td colspan="10"></td> <td></td> </tr> </table>												

# **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 11 OF 41

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**American Society of Asso. Executives PAC**

Mailing Address 1575 I St, NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee.

**C** C00041566

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : 0036652

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address 1200 Wilson Blvd

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing federal political committee.

**C** C00142711

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : 0036653

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address 1200 Wilson Blvd

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing federal political committee.

**C** C00142711

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : 0036654

Amount of Each Receipt this Period

500.00

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

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

2500.00

# **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 12 OF 41

☐ 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)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Envelope Manufacturers Association PAC**

Mailing Address 300 No. Washington St., Suite 500

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00301192

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 05 2014

Transaction ID : 0036656

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Florida East Coast Industries INC> Good Government Committee**

Mailing Address 2855 LE JEUNE ROAD, 4TH FLOOR

City State Zip Code  
CORAL GABLES FL 33134

FEC ID number of contributing  
federal political committee.

**C** C00544908

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 05 2014

Transaction ID : 0036657

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**American Bankers Association PAC**

Mailing Address 1120 Connecticut Ave, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00004275

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 05 2014

Transaction ID : 0036661

Amount of Each Receipt this Period

1000.00

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

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

3000.00

# **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 13 OF 41

☐ 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)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ACCENTURE PAC**

Mailing Address 800 Connecticut Ave., N.W.  
Suite 600

City State Zip Code  
Washington DC 20000

FEC ID number of contributing  
federal political committee.

**C** C00300707

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 06 2014

Transaction ID : 0036664

Amount of Each Receipt this Period

1000.00

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

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

16500.00

# **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 41

☐ 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)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Volusia County Young Republicans**

Mailing Address 247 N Cranor Ave

City State Zip Code  
De Land FL 32720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2014

Transaction ID : 0036718

Amount of Each Receipt this Period

100.00

Refund from Expenditure

**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

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

100.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Ft Lauderdale	FL	33336

Purpose of Disbursement  
TRAVEL & MEAL EXPENSES

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

4124.80

Transaction ID : 0036666

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial)

**B. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

113.00

Transaction ID : 0036666-0002

[MEMO ITEM]

MEMO

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address Hartsfield Int'l Airport

City	State	Zip Code
Atlanta	GA	40440

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

286.00

Transaction ID : 0036666-0003

[MEMO ITEM]

MEMO

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

4124.80

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

141.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036666-0004

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**B. House Members Dining Room**

Mailing Address The Capitol

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

148.60
--------

Purpose of Disbursement  
Meals with Constituents

003

Transaction ID : 0036666-0005

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

119.00
--------

Purpose of Disbursement  
Air Transportation

002

Transaction ID : 0036666-0006

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

MEMO

State:

District:

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

0.00
------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

119.15
--------

Transaction ID : 0036666-0007

**[MEMO ITEM]**

MEMO

**B. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : 0036666-0008

**[MEMO ITEM]**

MEMO

**c. House Members Dining Room**

Mailing Address The Capitol

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

108.20
--------

Transaction ID : 0036666-0009

**[MEMO ITEM]**

MEMO

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

0.00
------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. NYC Taxi, Brooklyn**

Mailing Address 807 Metropolitan Ave

City	State	Zip Code
Brooklyn	NY	11211

Purpose of Disbursement  
Transportation Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

8.50
------

Transaction ID : 0036666-0011

**[MEMO ITEM]**

MEMO

**B. Staples**

Mailing Address 5779 S Highway 17-92

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

282.63
--------

Transaction ID : 0036666-0015

**[MEMO ITEM]**

MEMO

**c. Subway Sandwich Shop**

Mailing Address 401 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

35.81
-------

Transaction ID : 0036666-0017

**[MEMO ITEM]**

MEMO

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

0.00
------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Travelocity**

Mailing Address 3150 Sabre Drive

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

118.00
--------

Transaction ID : 0036666-0019

**[MEMO ITEM]**

MEMO

**B. Travelocity**

Mailing Address 3150 Sabre Drive

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Air Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

118.00
--------

Transaction ID : 0036666-0020

**[MEMO ITEM]**

MEMO

**C. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

7.20
------

Transaction ID : 0036666-0026

**[MEMO ITEM]**

MEMO

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

0.00
------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. NYC Taxi, Brooklyn**

Mailing Address 807 Metropolitan Ave

City	State	Zip Code
Brooklyn	NY	11211

Purpose of Disbursement  
Transportation Expenses

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

18.60
-------

Transaction ID : 0036666-0035

**[MEMO ITEM]**

MEMO

**B. Palm Restaurant**

Mailing Address 200 S, Broad St

City	State	Zip Code
Philadelphia	PA	19107

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

270.35
--------

Transaction ID : 0036666-0036

**[MEMO ITEM]**

MEMO

**c. NYC Taxi, Brooklyn**

Mailing Address 807 Metropolitan Ave

City	State	Zip Code
Brooklyn	NY	11211

Purpose of Disbursement  
Transportation Expenses

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

44.33
-------

Transaction ID : 0036666-0038

**[MEMO ITEM]**

MEMO

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Carlucci's**

Mailing Address 501 N. Orlando Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

122.24
--------

Transaction ID : 0036666-0039

**[MEMO ITEM]**

MEMO

**B. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meals with Constituents

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

17.83
-------

Transaction ID : 0036666-0040

**[MEMO ITEM]**

MEMO

**c. Panera Bread**

Mailing Address 329 North Park Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Meal Expenses

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

3.83
------

Transaction ID : 0036666-0041

**[MEMO ITEM]**

MEMO

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. NYC Taxi, Brooklyn**

Mailing Address 807 Metropolitan Ave

City	State	Zip Code
Brooklyn	NY	11211

Purpose of Disbursement  
Transportation Expenses

002

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

6.00
------

Transaction ID : 0036666-0046

**[MEMO ITEM]**

MEMO

**B. NYC Taxi, Brooklyn**

Mailing Address 807 Metropolitan Ave

City	State	Zip Code
Brooklyn	NY	11211

Purpose of Disbursement  
Transportation Expenses

002

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

14.00
-------

Transaction ID : 0036666-0047

**[MEMO ITEM]**

MEMO

**C. US AIRWAYS**

Mailing Address 400 E Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Air Transportation

002

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

264.00
--------

Transaction ID : 0036666-0048

**[MEMO ITEM]**

MEMO

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

0.00
------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Oviedo Chamber of Commerce**

Mailing Address 1511 ESR 434, #2001

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

225.00
--------

Transaction ID : 0036666-0049

**[MEMO ITEM]**

MEMO

**B. Hotel Chandler**

Mailing Address 12 E 31st

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement  
Lodging Expenses

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

448.77
--------

Transaction ID : 0036666-0054

**[MEMO ITEM]**

MEMO

**C. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

2.25
------

Transaction ID : 0036557

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

2.25
------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036668

**B. CenturyLink**

Mailing Address P. O. Box 30784

City	State	Zip Code
Tampa	FL	33630

Purpose of Disbursement  
PHONE EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

194.91
--------

Transaction ID : 0036719

**c. Bank of American VISA**

Mailing Address PO Box 851001

City	State	Zip Code
Dallas	TX	75285

Purpose of Disbursement  
Gifts for Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

189.60
--------

Transaction ID : 0036665

ITEMIZATION BELOW

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

484.51



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. House of Reps Gift Shop**

Mailing Address B217 Longworth Building

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Gifts for Constituents

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

189.60
--------

Transaction ID : 0036665-0001

**[MEMO ITEM]**

MEMO

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036667

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036704

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

200.00
--------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. U. S. Postal Service**

Mailing Address 109 Live Oak Blvd.

City	State	Zip Code
Casselberry	FL	32707

Purpose of Disbursement  
POSTAGE, NON-BULK MAIL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

490.00
--------

Transaction ID : 0036670

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036671

**c. West Volusia Chamber of Commerce**

Mailing Address 1656 S. Volusia Ave

City	State	Zip Code
Orange City	FL	32763

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

675.00
--------

Transaction ID : 0036675

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

1265.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Seminole Regional Chamber of Com**

Mailing Address 1000 AAA Drive, Ste 153

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

City	State	Zip Code
Lake Mary	FL	32746

Amount of Each Disbursement this Period

1220.00
---------

Purpose of Disbursement  
Campaign Event Fee

003

Transaction ID : 0036676

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Winter Park Chamber of Commerce**

Mailing Address PO Box 280

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

City	State	Zip Code
Winter Park	FL	32790

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
Campaign Event Fee

003

Transaction ID : 0036677

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Associated Builders & Contractors**

Mailing Address 450 N. Wymore Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

City	State	Zip Code
Winter Park	FL	32789

Amount of Each Disbursement this Period

575.00
--------

Purpose of Disbursement  
Campaign Event Fee

003

Transaction ID : 0036672

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<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).....

2695.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. Roberto Civalleri**

Mailing Address 109 11th St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : 0036705

**B. Hispanic Chamber of Commerce**

Mailing Address 315 E. Robinson St

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement  
Campaign Event Fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

360.00
--------

Transaction ID : 0036678

**c. CBD Printing**

Mailing Address 2625 University Acres Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

660.30
--------

Transaction ID : 0036679

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

2020.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 1st Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Catering Services

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1193.91
---------

Transaction ID : 0036707

**B. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1.13
------

Transaction ID : 0036721

**c. City of Longwood**

Mailing Address 155 W. Warren Avenue

City	State	Zip Code
Longwood	FL	32750

Purpose of Disbursement  
Bond/Sign Permits

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : 0036682

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

1595.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Seminole County**

Mailing Address 1101 E 1st Street

City	State	Zip Code
Sanford	FL	32771

Purpose of Disbursement  
Bond/Sign Permits

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

176.00
--------

Transaction ID : 0036683

**B. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

4.50
------

Transaction ID : 0036723

**C. Lowe's**

Mailing Address 6735 SR 17-92

City	State	Zip Code
Fern Park	FL	32730

Purpose of Disbursement  
Lumber/Post supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

152.11
--------

Transaction ID : 0036680

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

332.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036706

**B. Product Marketing Group**

Mailing Address 978 Douglas Avenue, Suite 100

City	State	Zip Code
Altamonte Springs	FL	32716

Purpose of Disbursement  
ADVERTISING

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

Amount of Each Disbursement this Period

1400.00
---------

Transaction ID : 0036693

**c. Apopka Chief & Planter**

Mailing Address 439 W. Orange Blossom Trail

City	State	Zip Code
Apopka	FL	32712

Purpose of Disbursement  
Newspaper Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

Amount of Each Disbursement this Period

712.50
--------

Transaction ID : 0036687

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

2212.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Sanford Herald**

Mailing Address PO Box 1667

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

City	State	Zip Code
Sanford	FL	32772

Amount of Each Disbursement this Period

603.00
--------

Purpose of Disbursement  
Newspaper Advertising

004

Transaction ID : 0036688

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Seminole Chronicle**

Mailing Address 11825 High Tech Ave, Ste 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

City	State	Zip Code
Orlando	FL	32817

Amount of Each Disbursement this Period

525.00
--------

Purpose of Disbursement  
Newspaper Advertising

004

Transaction ID : 0036689

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Winter Park Observer**

Mailing Address 1500 Park Center Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

City	State	Zip Code
Orlando	FL	32835

Amount of Each Disbursement this Period

525.00
--------

Purpose of Disbursement  
Newspaper Advertising

004

Transaction ID : 0036690

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<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).....

1653.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Park Press**

Mailing Address 2218 Bancory Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

City	State	Zip Code
Winter Park	FL	32792

Amount of Each Disbursement this Period

575.00
--------

Purpose of Disbursement  
Newspaper Advertising

004

Transaction ID : 0036691

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. DeLand Beacon**

Mailing Address 110 W. New York Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

City	State	Zip Code
DeLand	FL	32720

Amount of Each Disbursement this Period

568.25
--------

Purpose of Disbursement  
Newspaper Advertising

004

Transaction ID : 0036692

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. La Presna**

Mailing Address 685 S Ronald Regan Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

City	State	Zip Code
Longwood	FL	32750

Amount of Each Disbursement this Period

472.00
--------

Purpose of Disbursement  
Newspaper Advertising

004

Transaction ID : 0036694

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<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).....

1615.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036696

**B. Mr. Marshall Polston**

Mailing Address 7707 Clementine Way

City	State	Zip Code
Orlando	FL	32819

Purpose of Disbursement  
Salary

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : 0036695

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036697

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

1200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

2.25
------

Transaction ID : 0036725

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036709

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036710

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

202.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
PHONE EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

113.38
--------

Transaction ID : 0036716

**B. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036684

**C. Piryx, Inc**

Mailing Address 144 2nd St, 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit card processing fees

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

1.13
------

Transaction ID : 0036727

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

214.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036685

**B. Ms. Jillian Wist**

Mailing Address 112 McLeods Way

City	State	Zip Code
Casselberry	FL	32708

Purpose of Disbursement  
Salary

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : 0036686

**c. West Volusia Chamber of Commerce**

Mailing Address 1656 S. Volusia Ave

City	State	Zip Code
Orange City	FL	32763

Purpose of Disbursement  
Campaign Event Fee

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : 0036701

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

1175.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Lowe's**

Mailing Address 6735 SR 17-92

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

City	State	Zip Code
Fern Park	FL	32730

Amount of Each Disbursement this Period

50.22
-------

Purpose of Disbursement  
Lumber/Post supplies

001

Transaction ID : 0036702

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Millennium Consulting Inc.**

Mailing Address PO Box 568926

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

City	State	Zip Code
Orlando	FL	32856

Amount of Each Disbursement this Period

15909.00
----------

Purpose of Disbursement  
MAILING SERVICES

003

Transaction ID : 0036714

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Wiley Deck**

Mailing Address 127 Candlestick Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

City	State	Zip Code
Stafford	VA	22554

Amount of Each Disbursement this Period

329.74
--------

Purpose of Disbursement  
TRAVEL & MEAL EXPENSES

002

Transaction ID : 0036712

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<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).....

16288.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 41

<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

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)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Strategy Group for Phones**

Mailing Address 7669 Stagers Loop

City	State	Zip Code
Delaware	OH	43015

Purpose of Disbursement  
Get out the vote phone calls

007

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

6342.31
---------

Transaction ID : 0036713

**B. CenturyLink**

Mailing Address P. O. Box 30784

City	State	Zip Code
Tampa	FL	33630

Purpose of Disbursement  
PHONE EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

197.88
--------

Transaction ID : 0036717

**c. Petty Cash**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Petty Cash

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : 0036763

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

6640.19





**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 OF 41

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Millennium Consulting Inc.**

Nature of Debt (Purpose):

**Media Consulting**

Mailing Address PO Box 568926

City State

Zip Code

Orlando

FL

32856

Outstanding Balance Beginning This Period

10000.00

**Transaction ID : 34355-6**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

10000.00

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

10000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

10000.00