

# 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

Friends of Mark Foley for Congress

ADDRESS (number and street) 1316 Lake Victoria Drive

Check if different than previously reported. (ACC)

Lake Worth

FL

33461

2. FEC IDENTIFICATION NUMBER ▼

C C00289140

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

FL

16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY  
01 / 01 / 2016 through 03 / 31 / 2016

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 Donna Foley Winterson

Signature of Treasurer Donna Foley Winterson

[Electronically Filed]

Date

04

11

2016

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Friends of Mark Foley for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	6.00	1292.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6.00	-207.95
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1156744.06</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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)

Write or Type Committee Name

**Friends of Mark Foley for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1500.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	4538.72	27649.49
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4538.72	29149.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6.00	1292.05
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	16951.48	107268.03
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16957.48	108560.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1169162.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4538.72
25. SUBTOTAL (add Line 23 and Line 24).....	1173701.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16957.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1156744.06

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

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

FOR LINE NUMBER: PAGE 5 OF 21  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
23142.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA15.6381**

Amount of Each Receipt this Period  
33.05

Memo Item  
Div - JASBX

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
23257.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2016

**Transaction ID : SA15.6382**

Amount of Each Receipt this Period  
115.00

Memo Item  
div-EMC

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
23407.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2016

**Transaction ID : SA15.6384**

Amount of Each Receipt this Period  
150.00

Memo Item  
Div-GUT

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

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

298.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**23867.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 25 / 2016**

**Transaction ID : SA15.6385**

Amount of Each Receipt this Period  
**460.00**

Memo Item  
GE

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**23961.92**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2016**

**Transaction ID : SA15.6386**

Amount of Each Receipt this Period  
**94.92**

Memo Item  
Div-FAGIX

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**23964.15**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2016**

**Transaction ID : SA15.6387**

Amount of Each Receipt this Period  
**2.23**

Memo Item  
DIV-FDRXX

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

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

**557.15**

**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 7 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**23991.29**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2016**

**Transaction ID : SA15.6388**

Amount of Each Receipt this Period  
**27.14**

Memo Item  
Div-JASBX

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**24381.29**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2016**

**Transaction ID : SA15.6414**

Amount of Each Receipt this Period  
**390.00**

Memo Item  
Return of Capital-EPO

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**24443.79**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2016**

**Transaction ID : SA15.6389**

Amount of Each Receipt this Period  
**62.50**

Memo Item  
Div-KMI

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

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

**479.64**

**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 8 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City: Palm Beach      State: FL      Zip Code: 33480

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

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

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

Election Cycle-to-Date: **25106.69**

Date of Receipt: **02 / 16 / 2016**

**Transaction ID : SA15.6390**

Amount of Each Receipt this Period: **662.90**

Memo Item  
Div-PG

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

Mailing Address 230 Royal Palm Way

City: Palm Beach      State: FL      Zip Code: 33480

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

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

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

Election Cycle-to-Date: **25256.69**

Date of Receipt: **02 / 26 / 2016**

**Transaction ID : SA15.6391**

Amount of Each Receipt this Period: **150.00**

Memo Item  
Div-GUT

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City: Palm Beach      State: FL      Zip Code: 33480

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

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

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

Election Cycle-to-Date: **25331.69**

Date of Receipt: **02 / 26 / 2016**

**Transaction ID : SA15.6393**

Amount of Each Receipt this Period: **75.00**

Memo Item  
Div-C

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

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

**887.90**



**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 9 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25419.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA15.6394**

Amount of Each Receipt this Period  
87.36

Memo Item  
Div-FAGIX

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25421.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA15.6395**

Amount of Each Receipt this Period  
2.33

Memo Item  
Div-FDRXX

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25452.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA15.6396**

Amount of Each Receipt this Period  
30.67

Memo Item  
Div-JASBX

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

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

120.36

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25827.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2016**

**Transaction ID : SA15.6397**

Amount of Each Receipt this Period  
**375.00**

Memo Item  
Div-JNJ

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25894.55**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA15.6398**

Amount of Each Receipt this Period  
**67.50**

Memo Item  
Dv-DEL

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**26074.55**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA15.6399**

Amount of Each Receipt this Period  
**180.00**

Memo Item  
div-WBA

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

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

**622.50**

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City: Palm Beach    State: FL    Zip Code: 33480

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

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

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

Election Cycle-to-Date: **26169.39**

Date of Receipt: **03 / 14 / 2016**

**Transaction ID : SA15.6400**

Amount of Each Receipt this Period: **94.84**

Memo Item  
Div-VEURX

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

Mailing Address 230 Royal Palm Way

City: Palm Beach    State: FL    Zip Code: 33480

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

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

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

Election Cycle-to-Date: **26239.39**

Date of Receipt: **03 / 21 / 2016**

**Transaction ID : SA15.6408**

Amount of Each Receipt this Period: **70.00**

Memo Item  
Div-CBI

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City: Palm Beach    State: FL    Zip Code: 33480

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

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

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

Election Cycle-to-Date: **26637.61**

Date of Receipt: **03 / 23 / 2016**

**Transaction ID : SA15.6401**

Amount of Each Receipt this Period: **398.22**

Memo Item  
Div-DODIX

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>563.06</b>
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A. Fidelity Investments**

Full Name (Last, First, Middle Initial)  
Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
26703.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2016

**Transaction ID : SA15.6402**

Amount of Each Receipt this Period  
65.79

Memo Item  
LngTrmCapGain-DODIX

**B. Fidelity Investments**

Full Name (Last, First, Middle Initial)  
Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
26853.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2016

**Transaction ID : SA15.6403**

Amount of Each Receipt this Period  
150.00

Memo Item  
Div-GUT

**C. Fidelity Investments**

Full Name (Last, First, Middle Initial)  
Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
27033.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2016

**Transaction ID : SA15.6404**

Amount of Each Receipt this Period  
180.00

Memo Item  
Div-HAL

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

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

395.79

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**27083.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2016**

**Transaction ID : SA15.6405**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

Memo Item  
Div-BAC

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**27309.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2016**

**Transaction ID : SA15.6406**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **226.20**

Memo Item  
Div-XLE

**C.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**27539.29**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2016**

**Transaction ID : SA15.6407**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **229.69**

Memo Item  
Div-SDY

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

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

\_\_\_\_\_ **505.89**

\_\_\_\_\_

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**Friends of Mark Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fidelity Investments**

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
27635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA15.6409**

Amount of Each Receipt this Period  
95.71

Memo Item  
Div-FAGIX

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

Mailing Address 230 Royal Palm Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
27647.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA15.6410**

Amount of Each Receipt this Period  
12.58

Memo Item  
Div-FDRXX

**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 Y Y

Amount of Each Receipt this Period

Memo Item

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

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

108.29

4538.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Red Cross</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 825 Fern Street		Amount of Each Disbursement this Period 400.00
City West Palm Beach	State FL	
Zip Code 33401	Purpose of Disbursement donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.6358</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andy Amoroso for City of Lake Worth</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address 600 Lake Avenue		Amount of Each Disbursement this Period 500.00
City LAke Worth	State FL	
Zip Code 33460	Purpose of Disbursement contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.6361</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Barry and Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 525 Okeechobee Boulevard Suite 990		Amount of Each Disbursement this Period 575.00
City West Palm Beach	State FL	
Zip Code 33401	Purpose of Disbursement 1120 POL Tax Prp	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.6367</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1475.00
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blak Republican Caucus of Florida</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address 140 South Dixie Highway Ste 835		Amount of Each Disbursement this Period <b>500.00</b>
City Hollywood	State FL	Zip Code 33020
Purpose of Disbursement contribution	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB21.6359</b>	

Full Name (Last, First, Middle Initial) <b>B. Cube Smart/Sentry Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2016</b>
Mailing Address 1900 6th Avenue South		Amount of Each Disbursement this Period <b>543.78</b>
City Lake Worth	State FL	Zip Code 33461
Purpose of Disbursement storage	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB21.6370</b>	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2016</b>
Mailing Address PO Box 20706		Amount of Each Disbursement this Period <b>613.20</b>
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Airline travel to Republican Debate	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB21.6352</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1656.98</b>
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Department of the Treasury/Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2016</b>
Mailing Address <b>1500 Pennsylvania Avenue NW</b>		Amount of Each Disbursement this Period <b>2532.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20220</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>1120 POL Txes thru EFPTS</b>	Category/Type	<b>Transaction ID : SB21.6369</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Economic Forum</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2016</b>
Mailing Address <b>PO Box 14834</b>		Amount of Each Disbursement this Period <b>50.00</b>
City <b>North Palm Beach</b> State <b>FL</b> Zip Code <b>33408</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>luncheon</b>	Category/Type	<b>Transaction ID : SB21.6356</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Forum Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2016</b>
Mailing Address <b>PO Box 14877</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>North Palm Beach</b> State <b>FL</b> Zip Code <b>33408</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>anual dues</b>	Category/Type	<b>Transaction ID : SB21.6357</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2882.00</b>
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friends of Kelly Ayotte</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address PO Box 937			Amount of Each Disbursement this Period 2000.00		
City MAnchester	State NH	Zip Code 03105	<input type="checkbox"/> Memo Item <b>Transaction ID : SB21.6371</b>		
Purpose of Disbursement contribution		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Harbour View Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address 2 Vendue Range			Amount of Each Disbursement this Period 227.00		
City Charleston	State SC	Zip Code 29401	<input type="checkbox"/> Memo Item <b>Transaction ID : SB21.6354</b>		
Purpose of Disbursement Republicaan Debate attendance		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Heather Fitzhagen for State House District 78</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address PO Box 9243`			Amount of Each Disbursement this Period 1000.00		
City Fort Myers	State FL	Zip Code 33902	<input type="checkbox"/> Memo Item <b>Transaction ID : SB21.6373</b>		
Purpose of Disbursement contribution		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3227.00
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jerry Taylor for Mayor - Boynton Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 67 Meadowood Lane		Amount of Each Disbursement this Period 500.00
City Boynton Beach	State FL Zip Code 33436	
Purpose of Disbursement contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB21.6348</b>

Full Name (Last, First, Middle Initial) <b>B. Lambda Legal Organization</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 120 Wall Street 19th Floor		Amount of Each Disbursement this Period 300.00
City New York	State NY Zip Code 10005-3919	
Purpose of Disbursement contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB21.6368</b>

Full Name (Last, First, Middle Initial) <b>C. Mrtha Webster for Mayor Royal Palm Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 103 Oriole Court		Amount of Each Disbursement this Period 500.00
City Royal Palm Beach	State FL Zip Code 33411	
Purpose of Disbursement contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB21.6350</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Palm Beach County Historical Society</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2016</b>	
Mailing Address <b>300 North Dixie Hwy</b>			Amount of Each Disbursement this Period <b>300.00</b>	
City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33401</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement donation		Category/ Type	<b>Transaction ID : SB21.6364</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Pam Triolo Campaign</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 15 / 2016</b>	
Mailing Address <b>120 North Federal Highway</b>			Amount of Each Disbursement this Period <b>500.00</b>	
City <b>Lake Worth</b>	State <b>FL</b>	Zip Code <b>33460</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement contribution		Category/ Type	<b>Transaction ID : SB21.6363</b>	
Candidate Name <b>Advance The Majority</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Republican Party of Palm Beach County</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 07 / 2016</b>	
Mailing Address <b>1555 Palm Beach Lakes Blvd - Suite 210</b>			Amount of Each Disbursement this Period <b>5000.00</b>	
City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33401</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement contribution-Lincoln Day		Category/ Type	<b>Transaction ID : SB21.6366</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5800.00</b>
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Mark Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scott Maxwell Campaign-City of Lake Worth</b>			Date of Disbursement MM / DD / YYYY <b>02 / 15 / 2016</b>	
Mailing Address 1809 Hillcrest Avenue			Amount of Each Disbursement this Period 500.00	
City Lake Worth	State FL	Zip Code 33461	<input type="checkbox"/> Memo Item	
Purpose of Disbursement contribution		Category/ Type	<b>Transaction ID : SB21.6362</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	16840.98