

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 APR -3 AM 11:48
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Matthew From Congressist (FL-11)

ADDRESS (number and street)

116018 Wiliston Blvd

Check if different than previously reported. (ACC)

Marysville

FL

34604

2. FEC IDENTIFICATION NUMBER ▼

C00543009

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

11

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

07 ' 31 ' 2015

through

03 ' 31 ' 2015

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

Type or Print Name of Treasurer

Matthew Schnackenberg

Signature of Treasurer

Matthew Schnackenberg

Date

07 ' 31 ' 2015

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)

15051 041 47886

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Mat For Congress FL-11

Report Covering the Period: From:

01 ' *29* ' *2015*

To:

03 ' *31* ' *2015*

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	775.69	775.69
(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))	775.69	775.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	606.59	606.59
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	606.59	
8. Cash on Hand at Close of Reporting Period (from Line 27)	169.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

18074 041 4707

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Math For Congress FL-11

Report Covering the Period: From:

MM 01 *DD* 27 *YYYY* 2015

To:

MM 03 *DD* 31 *YYYY* 2015

I. RECEIPTS

**COLUMN A
Total This Period**

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

130.00

130.00

(ii) Unitemized.....

50.00

50.00

(iii) TOTAL of contributions from individuals ▶

180.00

180.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

595.69

595.69

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

775.69

775.69

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.).....

0.00

0.00

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

0.00

0.00

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

775.69

775.69

11-00001-1401-47888

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	606.59	606.59
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	606.59	606.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	775.69
25. SUBTOTAL (add Line 23 and Line 24).....	775.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	606.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	169.10

1-140-47-889

**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 1 OF 2
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Matt For Congress FL-11

Full Name (Last, First, Middle Initial) Wyman, Ken			Date of Receipt 2/24/2015
Mailing Address 13237 Little Farms Dr			Amount of Each Receipt this Period , , 20.00
City Spring Hill	State FL	Zip Code 3460	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 20.00
Name of Employer Bill Currey Ford		Occupation Auto mechanic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 20.00	

Full Name (Last, First, Middle Initial) Benedict, Jackson			Date of Receipt 2/12/2015
Mailing Address 16028 Stefanie St			Amount of Each Receipt this Period , , 15.00
City Marytown	State FL	Zip Code 31604	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 15.00
Name of Employer unemployed		Occupation unemployed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 15.00	

Full Name (Last, First, Middle Initial) Peterson, Dorsey			Date of Receipt 2/19/2015
Mailing Address 13345 Harold Ave			Amount of Each Receipt this Period , , 20.00
City Spring Hill	State FL	Zip Code 34609	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 20.00
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 20.00	

SUBTOTAL of Receipts This Page (optional).....	, , 55.00
TOTAL This Period (last page this line number only).....	, ,

1-800-424-9547

**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 2 OF 2
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Math for Congress FL-11

Full Name (Last, First, Middle Initial) <i>A. Ballou, Richard, S</i>		Date of Receipt <i>" 3 ' 05 ' 2015</i>
Mailing Address <i>19630 Coronado Dr</i>		Amount of Each Receipt this Period <i>, , 15.00</i>
City <i>Spring Hill</i>	State Zip Code <i>FL 31609</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>, , 15.00</i>
Name of Employer <i>Retired</i>	Occupation <i>Retired</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>, , 15.00</i>	

Full Name (Last, First, Middle Initial) <i>B. Shirley Mikelmac</i>		Date of Receipt <i>" 3 ' 05 ' 2015</i>
Mailing Address <i>22165 Snow Hill RD</i>		Amount of Each Receipt this Period <i>, , 40.00</i>
City <i>Orakesville</i>	State Zip Code <i>FL 31601</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>, , 40.00</i>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>, , 40.00</i>	

Full Name (Last, First, Middle Initial) <i>C. Alfred, Schaeckenberg, W</i>		Date of Receipt <i>" 2 ' 15 ' 2015</i>
Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Receipt this Period <i>, , 10.00</i>
City <i>Maryslestown</i>	State Zip Code <i>FL 31604</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>, , 10.00</i>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>, , 10.00</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>, , 65.00</i>
TOTAL This Period (last page this line number only).....	<i>, , 130.00</i>

110001100110001

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

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

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NAME OR COMMITTEE (In Full)
Mat for Congress FL-11

Full Name (Last, First, Middle Initial)

A. Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

B. Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C. Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

11071401401

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

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

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NAME OF COMMITTEE (In Full)
Matt for Congress FL-11

Full Name (Last, First, Middle Initial) A. Schnackenberg, Matthew, J		Date of Receipt M M ' D D ' Y Y Y Y 1 3 1 2015
Mailing Address 16018 Wilson Blvd		Amount of Each Receipt this Period 252.35
City Masaryktown	State Zip Code FL 34604	
FEC ID number of contributing federal political committee. C		In-kind
Name of Employer Dollar General	Occupation Lead-FT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 595.69	

Full Name (Last, First, Middle Initial) B. Schnackenberg, Matthew, J		Date of Receipt M M ' D D ' Y Y Y Y 2 1 8 2015
Mailing Address 16018 Wilson Blvd		Amount of Each Receipt this Period 40.00
City Masaryktown	State Zip Code FL 34604	
FEC ID number of contributing federal political committee. C		
Name of Employer Dollar General	Occupation Lead-FT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 595.69	

Full Name (Last, First, Middle Initial) C. Schnackenberg, Matthew, J Schnackenberg, Matt, J		Date of Receipt M M ' D D ' Y Y Y Y 1 27 2015
Mailing Address 16018 Wilson Blvd		Amount of Each Receipt this Period 303.39
City Masaryktown	State Zip Code FL 34604	
FEC ID number of contributing federal political committee. C		In-kind
Name of Employer Dollar General	Occupation Lead-FL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 595.69	

SUBTOTAL of Receipts This Page (optional).....	595.69
TOTAL This Period (last page this line number only).....	595.69

4674 041 WOUT

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

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

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NAME OF COMMITTEE (In Full)
Mat for Congress FC-11

Full Name (Last, First, Middle Initial)

A. 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)

B. 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)

C. Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
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).....

, , *0.00*

, , *0.00*

UNION: OAS: WOUT

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

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

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NAME OF COMMITTEE (If Full)
Mail for Congress FL-11

Full Name (Last, First, Middle Initial)

A. Mailing Address

Date of Receipt
M M / D D / Y Y Y Y

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Date of Receipt
M M / D D / Y Y Y Y

B. Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Date of Receipt
M M / D D / Y Y Y Y

C. Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

60674 041 W051

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

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

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NAME OF COMMITTEE (In Full)
Matt for Congress FL-11

Full Name (Last, First, Middle Initial)

A. 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

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y 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).....

0.00

0.00

FROM 1401 4707

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

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

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NAME OF COMMITTEE (In Full)
Mail for Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
A. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

1-1503-1-04-1-140-47988

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

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

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NAME OF COMMITTEE (In Full)
Mail for Congress FE-11

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
A. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)		
B. Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

11001410411001

**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 1 OF 2
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
 Mat for Congress FL-11

A. Custom Ink LLC

Full Name (Last, First, Middle Initial)
 Mailing Address: 2910 District Ave
 City: Fairfax, VA 22031 State Zip Code
 Purpose of Disbursement: T-Shirts Printed
 Candidate Name: Matthew Schnackenberg
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: FL District: 11

Date of Disbursement: 01/30/2015
 Amount of Each Disbursement this Period: 252.35
 Category/Type: 006
 In-kind

B. Host Gator.com LLC

Full Name (Last, First, Middle Initial)
 Mailing Address: 2500 Ridgepoint Drive
 City: Austin, TX 78754 State Zip Code
 Purpose of Disbursement: Website Purchase
 Candidate Name: Matthew Schnackenberg
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: FL District: 11

Date of Disbursement: 02/26/2015
 Amount of Each Disbursement this Period: 167.13
 Category/Type: 004

C. Custom Ink LLC

Full Name (Last, First, Middle Initial)
 Mailing Address: 2910 District Ave
 City: Fairfax, VA 22031 State Zip Code
 Purpose of Disbursement: T-Shirts Printed
 Candidate Name: Matthew Schnackenberg
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: FL District: 11

Date of Disbursement: 03/09/2015
 Amount of Each Disbursement this Period: 187.11
 Category/Type: 006

SUBTOTAL of Disbursements This Page (optional) 606.59
TOTAL This Period (last page this line number only)

110001-140-4000

**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 2 OF 2	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
Magt For Congress FL-11

A. <i>UPS Store</i>		Date of Disbursement <i>3/31/2015</i>
Mailing Address <i>14391 Springs Hill Dr</i>		Amount of Each Disbursement this Period <i>9.87</i>
City <i>Spring Hill</i>	State <i>FL</i>	
Purpose of Disbursement <i>Ship Paperwork</i>	Zip Code <i>34609</i>	Category/ Type <i>001</i>
Candidate Name <i>Mark Schnackenberg</i>		
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. <i>Square Inc</i>		Date of Disbursement <i>3/27/2015</i>
Mailing Address <i>1455 Market Street Suite 600</i>		Amount of Each Disbursement this Period <i>0.41</i>
City <i>San Francisco</i>	State <i>CA</i>	
Purpose of Disbursement <i>Processing fees</i>	Zip Code <i>94103</i>	Category/ Type <i>001</i>
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: _____		

C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Zip Code	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: _____		

SUBTOTAL of Disbursements This Page (optional).....	<i>10.28</i>
TOTAL This Period (last page this line number only).....	<i>61.687</i>

11084140148001

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

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

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

NAME OF COMMITTEE (In Full)
Math for Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period , , .
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Category/Type		
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period , , .
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Category/Type		
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period , , .
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Category/Type		
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

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

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NAME OF COMMITTEE (In Full)
Mail for Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	,
Category/Type		
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)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	,
Category/Type		
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)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	,
Category/Type		
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:		

SUBTOTAL of Disbursements This Page (optional)	,	0.00
TOTAL This Period (last page this line number only)	,	0.00

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

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

4084 140 4804

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)
Mat for Congress FL-11

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... , , *0.00*

TOTAL This Period (last page this line number only)..... , , *0.00*

110004 1400 4000

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)
Math for Congress FC-11

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period
, , .

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period
, , .

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period
, , .

SUBTOTAL of Disbursements This Page (optional) , , *0.00*

TOTAL This Period (last page this line number only) , , *0.00*

FROM 1500 10000

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

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

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NAME OF COMMITTEE (In Full)
Math for Congress FC-11

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period , , .
City	State Zip Code	
Purpose of Disbursement		
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period , , .
City	State Zip Code	
Purpose of Disbursement		
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period , , .
City	State Zip Code	
Purpose of Disbursement		
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

10884 10884 10884

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

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

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NAME OF COMMITTEE (If Full)
Mont for Congress FL-11

A.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
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.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
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:		

C.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

110001 4100 400000

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE | OF |

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (in Full)

Mat for Congress FL-11

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ , , 0.00

TOTALS This Period (last page in this line only) ▶ , , 0.00

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

11000114014000

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (in Full)
Mail for Congress FL-11

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	---------------------------------	--------------------------	--

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	▶	0.00
TOTALS This Period (last page in this line only).....	▶	0.00

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

1100114014010

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
Math for Congress FL-11

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
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)	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
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)	0.00

11-00000-1-00000-00000

RECEIVED
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2015 APR -3 AM 11:48

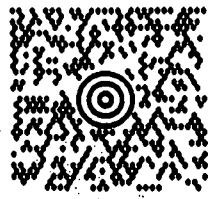
WASHINGTON

MATTHEW SCHNACKENBERG
(352) 232-1126
THE UPS STORE #5519
14391 SPRING HILL DR
SPRING HILL FL 34609-8199

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 31 MAR 2015

SHIP FEDERAL ELECTION COMMISSION
TO: 999 E ST NW

WASHINGTON DC 20463-0001

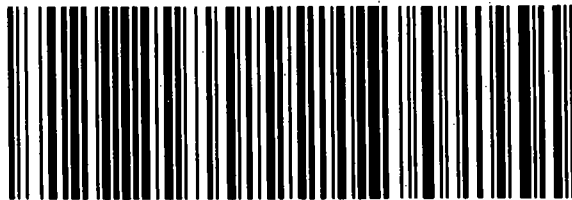


MD 201 9-83



UPS GROUND

TRACKING #: 1Z 75Y E80 03 7585 3450



BILLING: P/P

REF #1: CAH

ISH 13.00N ZP 450 60.5U 61/2015



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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS Ground* Shipping Date
3/31/15
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

4/3/15
DATE PREPARED

11-004 1 001 1 001 1 001 1