



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Ros-Lehtinen For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	128455	631282.36
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128455	631282.36
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	166109.16	651341.7
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	24.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	166109.16	651317.08
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	1870454.93	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0	

**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

**Ros-Lehtinen For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	94955	448586.23
(ii) Unitemized.....	0	0
(iii) TOTAL of contributions from individuals ▶	94955	448586.23
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	33500	182696.13
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	128455	631282.36
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	24.62
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	353.73	12026.12
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	128808.73	643333.1

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	166109.16	651341.7
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	150
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	6000
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	166109.16	657491.7

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1907755.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128808.73
25. SUBTOTAL (add Line 23 and Line 24).....	2036564.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	166109.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1870454.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Danielle Maurer**

Mailing Address 2507 N Vernon Street

City State Zip Code  
Arlington VA 22207-4008

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

Name of Employer Occupation  
Fierce, Isakowitz & Blalock Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 02 / 2014

**Transaction ID : A-CF23657**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. 'Bob' Epling**

Mailing Address 28801 SW 157th Avenue

City State Zip Code  
Homestead FL 33033-2437

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

Name of Employer Occupation  
Community Bank of Florida President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 18 / 2014

**Transaction ID : A-CF23681**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Donald J. Feldman, Esq.**

Mailing Address 17 Carriage Road

City State Zip Code  
Roslyn NY 11576-3117

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

Name of Employer Occupation  
Retired/Donald J. Feldman, P.A. Retired/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 18 / 2014

**Transaction ID : A-CF23682**

Amount of Each Receipt this Period  
250

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Sara J. Misselhorn**

Mailing Address 130 Quayside Drive

City State Zip Code  
Jupiter FL 33477-4036

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

Name of Employer Occupation  
The Benjamin School Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 18 / 2014**

**Transaction ID : A-CF23683**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Lauren E. Galeoto**

Mailing Address 511 W Bay Street  
Suite 350

City State Zip Code  
Tampa FL 33606-2770

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

Name of Employer Occupation  
LawOfficeLaureenGaleoto,PLLC Attorney At Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF23707**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael A. Igel Esq.**

Mailing Address 1159 Cordova Boulevard NE

City State Zip Code  
Saint Petersburg FL 33704-2442

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

Name of Employer Occupation  
Trenam Kemker Attorneys Attorney At Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF23708**

Amount of Each Receipt this Period  
**250**

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

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

**550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael A. Steinberg**

Mailing Address 14706 Clarendon Drive

City Tampa State FL Zip Code 33624-2605

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

Name of Employer Michael Steinberg and Assoc. Occupation Principal Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF23709**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Brian N. Taub**

Mailing Address 921 Anchorage Road

City Tampa State FL Zip Code 33602-5755

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

Name of Employer Taub Ventures, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF23710**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Pinal**

Mailing Address 94 Hackensack Plank Road

City Weehawken State NJ Zip Code 07086

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

Name of Employer Richard Pinal Law Offices Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : A-CF23855**

Amount of Each Receipt this Period  
**500**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Boyman**

Mailing Address 1401 S Ocean Boulevard

City State Zip Code  
Boca Raton FL 33432-8528

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : A-CF23889**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Philip H. Cohen**

Mailing Address 1500 Ocean Drive  
Apt. 903

City State Zip Code  
Miami Beach FL 33139-3133

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

Name of Employer Occupation  
Retired/Arredondo & Co., LLC Retired / Real Estate Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : A-CF23883**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Ann M. Deborah Fishman Esq.**

Mailing Address 215 Grand Pointe Drive

City State Zip Code  
Palm Beach Gardens FL 33418-4629

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

Name of Employer Occupation  
21st Century Eloquence, Inc. Attorney/Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : A-CF23886**

Amount of Each Receipt this Period  
**100**

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tim Gill**

Mailing Address 461 Race Street

City State Zip Code  
Denver CO 80206-4141

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

Name of Employer Occupation  
Self Employed Philanthropist/Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : A-CF23888**

Amount of Each Receipt this Period  
1000

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

Mailing Address 3000 NE 51st Street

City State Zip Code  
Lighthouse Point FL 33064-7861

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

Name of Employer Occupation  
Reagan Wireless Corp. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : A-CF23925**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David J. Kudish**

Mailing Address 3640 Yacht Club Drive

City State Zip Code  
Aventura FL 33180-3558

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : A-CF23885**

Amount of Each Receipt this Period  
250

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Ruth Sandler**

Mailing Address 300 SE 5th Avenue

City State Zip Code  
Boca Raton FL 33432-5058

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Diamond Foundation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : A-CF23881**

Amount of Each Receipt this Period

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

Mailing Address 300 SE 5th Avenue

City State Zip Code  
Boca Raton FL 33432-5058

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Diamond Foundation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : A-CF23882**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Henry L. Wells**

Mailing Address 17497 Via Capri

City State Zip Code  
Boca Raton FL 33496-1645

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : A-CF23890**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stanley P. Haar**

Mailing Address 7511 London Lane

City State Zip Code  
Boca Raton FL 33433-4151

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

Name of Employer Occupation  
Haar Capital Management, LLC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : A-CF23880**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Harold S. Landa**

Mailing Address 7518 Chester Terrace

City State Zip Code  
Boca Raton FL 33433-4154

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

Name of Employer Occupation  
Harold Landa, MD Physician/Pulmonologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : A-CF23879**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher W. Ruddy**

Mailing Address 1120 Bear Island Drive

City State Zip Code  
West Palm Beach FL 33409-2005

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

Name of Employer Occupation  
Newsmax Media CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : A-CF23878**

Amount of Each Receipt this Period  
**1000**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Beth Zipper**

Mailing Address 234 W Alexander Palm Road

City Boca Raton State FL Zip Code 33432-7907

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

Name of Employer Self Occupation Dietician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : A-CF23877**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Jeffrey A. Zipper M.D.**

Mailing Address 234 W Alexander Palm Road  
Royal Palm Yacht & Country Club

City Boca Raton State FL Zip Code 33432-7907

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

Name of Employer National Pain Institute Occupation Chief Executive Officer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : A-CF23876**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Lawrence A. Domnitch**

Mailing Address PO Box 3240

City Teaneck State NJ Zip Code 07666-9104

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

Name of Employer Self & Freelance Occupation Author & Columnist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : A-CF23921**

Amount of Each Receipt this Period  
**100**

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

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

**5300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nelson N. Fernandez**

Mailing Address 7770 SW 32nd Street

City Miami State FL Zip Code 33155-2612

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : A-CF23922**

Amount of Each Receipt this Period  
 5

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Keith R. Kahan**

Mailing Address 1628 Royal Palm Way

City Boca Raton State FL Zip Code 33432-7438

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

Name of Employer FCI Acquisitions LLC Occupation Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : A-CF23920**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel Pedreira**

Mailing Address 1620 SW 21st Street

City Miami State FL Zip Code 33145-2846

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

Name of Employer Center for a Free Cuba Occupation Program Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : A-CF23953**

Amount of Each Receipt this Period  
 25

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

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

530.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Lorraine F. Dunlop**

Mailing Address 8421 SW 140th Street

City Palmetto Bay State FL Zip Code 33158-1000

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

Name of Employer Caregiver to Mother Occupation Caregiver

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **52**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : A-CF23935**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Renee M. Kaufman**

Mailing Address 3000 NE 51st Street

City Lighthouse Point State FL Zip Code 33064-7861

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : A-CF23932**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Renee M. Kaufman**

Mailing Address 3000 NE 51st Street

City Lighthouse Point State FL Zip Code 33064-7861

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : A-CF23933**

Amount of Each Receipt this Period  
**2400**

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

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

**5025.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Rafael Kravec**

Mailing Address 10101 Collins Avenue  
Apt. 10E

City Bal Harbour State FL Zip Code 33154-1641

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

Name of Employer Retired/Elizabeth Arden Occupation Retired/Chairman Emeritus

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2014**

**Transaction ID : A-CF23934**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Remedios Diaz-Oliver**

Mailing Address One Grove Isle Drive  
Apt. 1701

City Miami State FL Zip Code 33133-4106

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

Name of Employer All American Containers, Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A-CF23939**

Amount of Each Receipt this Period  
**600**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Remedios Diaz-Oliver**

Mailing Address One Grove Isle Drive  
Apt. 1701

City Miami State FL Zip Code 33133-4106

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

Name of Employer All American Containers, Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A-CF23940**

Amount of Each Receipt this Period  
**1900**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Deborah Ann Herman**

Mailing Address 2665 S Bayshore Drive  
Suite 712

City Miami State FL Zip Code 33133-5406

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

Name of Employer Fabric Innovations Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : A-CF23951**

Amount of Each Receipt this Period  
500

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

Mailing Address 888 Brickell Key Drive  
Apt. 412

City Miami State FL Zip Code 33131-2604

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

Name of Employer Tessi Garcia Interior Design Occupation CEO / Interior Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : A-CF23952**

Amount of Each Receipt this Period  
50

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Isaac Olemborg**

Mailing Address 800 NW 21st Street

City Miami State FL Zip Code 33127-4626

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

Name of Employer Olem Shoe Corporation Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : A-CF23961**

Amount of Each Receipt this Period  
2600

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Isaac Olemborg**

Mailing Address 800 NW 21st Street

City Miami State FL Zip Code 33127-4626

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

Name of Employer Olem Shoe Corporation Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF23962**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 800 NW 21st Street

City Miami State FL Zip Code 33127-4626

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

Name of Employer Olem Shoe Corporation Occupation Secretary/Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF23963**

Amount of Each Receipt this Period  
**2000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Russell L. 'Rusty' Roberts**

Mailing Address 2200 Alaqua Drive

City Longwood State FL Zip Code 32779-3100

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

Name of Employer Florida East Coast Industrie Occupation VP of Corporate Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF23964**

Amount of Each Receipt this Period  
**1000**

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

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

**5600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark J. Tavlarides**

Mailing Address 2725 Connecticut Avenue NW  
Apt. 809

City Washington State DC Zip Code 20008-5309

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

Name of Employer Podesta Group Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF23965**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 15351 SW 18th Lane

City Miami State FL Zip Code 33185-5718

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

Name of Employer Continental National Bank Occupation Banker/Sr. Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF24195**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Madeline Meo Wu**

Mailing Address 3436 Pine Haven Circle

City Boca Raton State FL Zip Code 33431-5404

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

Name of Employer Water Restoration, Inc. Occupation President / Author

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF23966**

Amount of Each Receipt this Period  
**1000**

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

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

**2050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Mary Jane Mack**

Mailing Address 9380 Gallardo Street

City State Zip Code  
Coral Gables FL 33156-2362

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

Name of Employer Occupation  
Mack Cycle and Fitness Owner/President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF23956**

Amount of Each Receipt this Period  
**2400**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Mary Jane Mack**

Mailing Address 9380 Gallardo Street

City State Zip Code  
Coral Gables FL 33156-2362

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

Name of Employer Occupation  
Mack Cycle and Fitness Owner/President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF23957**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Akbar Nikooie**

Mailing Address 13600 SW 103rd Place

City State Zip Code  
Miami FL 33176-6616

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

Name of Employer Occupation  
Cartronics President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF23954**

Amount of Each Receipt this Period  
**600**

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

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

**5600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Akbar Nikooie**

Mailing Address 13600 SW 103rd Place

City Miami State FL Zip Code 33176-6616

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

Name of Employer Cartronics Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF24193**

Amount of Each Receipt this Period  
**2400**

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

Mailing Address 13600 SW 103rd Place

City Miami State FL Zip Code 33176-6616

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF24194**

Amount of Each Receipt this Period  
**600**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Bonnie Ashman**

Mailing Address 153 Bayberry Lane

City Westport State CT Zip Code 06880-4033

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : A-CF23988**

Amount of Each Receipt this Period  
**1000**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Roslyn S. Fishman**

Mailing Address 106 Jackman Avenue

City State Zip Code  
Fairfield CT 06825-1761

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

Name of Employer Occupation  
Whole-Body Medicine Hyperbaric OxygenTech./Editor/Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : A-CF23989**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Betsy Berns Korn**

Mailing Address 111 Valley Drive

City State Zip Code  
Greenwich CT 06831-5207

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

Name of Employer Occupation  
Bvision Sportsmedia Author

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : A-CF23990**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Alborz Bahador**

Mailing Address PO Box 3046

City State Zip Code  
Rancho Mirage CA 92270-1092

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

Name of Employer Occupation  
Self Employ Psychologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24198**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Vivian W Brown**

Mailing Address 76 W Wistaria Avenue

City Arcadia State CA Zip Code 91007-8005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24214**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 7936 Hill Drive

City Rosemead State CA Zip Code 91770-4146

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

Name of Employer Occupation  
Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24216**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Karen L. Chen**

Mailing Address 515 Deodar Lane

City Bradbury State CA Zip Code 91008-1018

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

Name of Employer Occupation  
Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24208**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lee Ming Chen**

Mailing Address 2 Blanchard

City Irvine State CA Zip Code 92603-3455

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24203**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Peter C. Chen**

Mailing Address 901 Corporate Center Drive Suite 500

City Monterey Park State CA Zip Code 91754-7666

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

Name of Employer Law Office of Peter C. Chen Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24197**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Beeyun C. Hsu**

Mailing Address 2317 S 3rd Avenue

City Arcadia State CA Zip Code 91006-5304

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24201**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Donna Hsu**

Mailing Address 1905 W Commonwealth Avenue  
Apt. C

City Alhambra State CA Zip Code 91803-1554

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

Name of Employer San Gabriel, Hilton Occupation Catering Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24210**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Wendell K. Hu**

Mailing Address 901 Corporate Center Drive  
Suite 500

City Monterey Park State CA Zip Code 91754-7666

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

Name of Employer Law Offices Of Wendell K. Hu Occupation Attorney At Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24205**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Roy Kao**

Mailing Address 3536 Locksley Drive

City Pasadena State CA Zip Code 91107-5605

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

Name of Employer R & K Imports, Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : A-CF24209**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 102	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Harry Leu**

Mailing Address 18812 Ashley Place

City Rowland Heights State CA Zip Code 91748-4871

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24218**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address PO Box 5014

City Hacienda Heights State CA Zip Code 91745-0014

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

Name of Employer Occupation  
Pacific Times President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24206**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George Liu**

Mailing Address 16324 Elmont Avenue

City Cerritos State CA Zip Code 90703-2340

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24202**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 102	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robin Liu**

Mailing Address 19208 Ivory Way

City State Zip Code  
Rowland Heights CA 91748-3966

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

Name of Employer Occupation  
Supermatrix Communication Co Telecommunication/President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24219**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 15740 Tetley Street  
Apt. 20

City State Zip Code  
Hacienda Heights CA 91745-4571

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

Name of Employer Occupation  
Oversas chinesse Affairs Cou Import Trading Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24213**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Peter Ng**

Mailing Address 15135 Salt Lake Avenue

City State Zip Code  
City Of Industry CA 91746-3316

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

Name of Employer Occupation  
Ace Fence Company President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24207**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Igor Pasternak**

Mailing Address 3971 Fredonia Drive

City Los Angeles State CA Zip Code 90068-1213

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

Name of Employer: Aeroscraft Occupation: Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24220**

Amount of Each Receipt this Period  
**2500**

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

Mailing Address 3971 Fredonia Drive

City Los Angeles State CA Zip Code 90068-1213

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

Name of Employer: Aeroscraft Occupation: Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24221**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Peter K. Su**

Mailing Address 2749 E Vista Ridge Drive

City Orange State CA Zip Code 92867-1724

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24200**

Amount of Each Receipt this Period  
**1000**

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

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

**6000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nicolas Chung-Hui Wu**

Mailing Address 10 Anzio

City Irvine State CA Zip Code 92614-7309

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24199**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address 529 W Live Oak Avenue

City Arcadia State CA Zip Code 91007-8434

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

Name of Employer Occupation  
 Holiday Inn Hotel Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24215**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Grace Wuh**

Mailing Address 20131 Avery Circle

City Cerritos State CA Zip Code 90703-7801

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24212**

Amount of Each Receipt this Period  
**500**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Shih S. Yang**

Mailing Address 25951 La Cuesta Avenue

City Laguna Hills State CA Zip Code 92653-5649

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

Name of Employer Getac, Inc. Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : A-CF24204**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Leon J. Biederman, PhD**

Mailing Address 10408 W Sunset Boulevard

City Los Angeles State CA Zip Code 90077-3611

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

Name of Employer LinQuest Corporation Occupation Chairman and Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF23995**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Linda B. Camras**

Mailing Address 609 Loring Avenue

City Los Angeles State CA Zip Code 90024-2537

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF23996**

Amount of Each Receipt this Period  
**500**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert T. Flesh**

Mailing Address 1121 E Philadelphia Street

City Ontario State CA Zip Code 91761-5611

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

Name of Employer Community Asset Management Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF23992**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Miriam 'Mikki' Futernick**

Mailing Address 2 Grove Isle Drive Apt. 1509

City Coconut Grove State FL Zip Code 33133-4112

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24011**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce N. Hadley**

Mailing Address 10525 65th Road

City Forest Hills State NY Zip Code 11375-1840

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

Name of Employer US Customs & Border Protection Occupation Supervisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24192**

Amount of Each Receipt this Period  
**500**

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Haloosim**

Mailing Address 1122 Maybrook Drive

City State Zip Code  
Beverly Hills CA 90210-2735

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

Name of Employer Occupation  
Contempo Floor Coverings Inc President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF23997**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Barton H. Kogan**

Mailing Address 10490 Wilshire Boulevard  
Apt. 701

City State Zip Code  
Los Angeles CA 90024-4657

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24000**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Daniel J. Lieber, M.D.**

Mailing Address 1001 Tiverton Avenue  
Apt. 3125

City State Zip Code  
Los Angeles CA 90024-3097

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

Name of Employer Occupation  
Angeles Clinic/Research Inst Oncologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF23998**

Amount of Each Receipt this Period  
**500**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Amy Lumet**

Mailing Address 818 N Doheny Drive  
Apt. 804

City Los Angeles State CA Zip Code 90069-4858

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

Name of Employer Amy Lumet, Producer Occupation Producer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : A-CF23993**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 915 Venice Boulevard

City Los Angeles State CA Zip Code 90015-3229

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

Name of Employer Compass Graphics Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : A-CF24008**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Avi S. Peretz**

Mailing Address 9343 Sawyer Street

City Los Angeles State CA Zip Code 90035-4101

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

Name of Employer Wood River Properties, LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : A-CF24001**

Amount of Each Receipt this Period  
**500**

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

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

**1700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Francisco Pinal**

Mailing Address 526 42nd Street

City Union City State NJ Zip Code 07087-2989

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24012**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 526 42nd Street

City Union City State NJ Zip Code 07087-2989

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24015**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jose Pinal**

Mailing Address 3220 Pleasant Avenue

City Weehawken State NJ Zip Code 07086-5809

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

Name of Employer Dr. Jose Pinal, MD, PA Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24013**

Amount of Each Receipt this Period  
**2600**

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

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

**7700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Pinal**

Mailing Address 94 Hackensack Plank Road

City Weehawken State NJ Zip Code 07086

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

Name of Employer Richard Pinal Law Offices Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24006**

Amount of Each Receipt this Period  
**2100**

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

Mailing Address 94 Hackensack Plank Road

City Weehawken State NJ Zip Code 07086

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

Name of Employer Richard Pinal Law Offices Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24007**

Amount of Each Receipt this Period  
**400**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Rosa Pinal**

Mailing Address 3220 Pleasant Avenue

City Weehawken State NJ Zip Code 07086-5809

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24014**

Amount of Each Receipt this Period  
**2400**

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

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

**4900.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Pejman Salimpour**

Mailing Address 15477 Ventura Boulevard  
Floor 1

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
CareNex Collaborative CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : A-CF23994**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Mitra Saeedi Samani**

Mailing Address 24224 Vanowen Street

City State Zip Code  
West Hills CA 91307-2934

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

Name of Employer Occupation  
California Society for Democ Homemaker / Board Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : A-CF23991**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Martin Seaton**

Mailing Address 3087 Deep Canyon Drive

City State Zip Code  
Beverly Hills CA 90210-1011

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : A-CF23999**

Amount of Each Receipt this Period  
250

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William Tenenblatt**

Mailing Address 608 N Beverly Drive

City Beverly Hills State CA Zip Code 90210-3320

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

Name of Employer Matchmaster, Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24002**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 645 Hawaii Street

City El Segundo State CA Zip Code 90245-4814

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

Name of Employer Federal Industries, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24003**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Wiener**

Mailing Address 118 S Beverly Drive Suite 215

City Beverly Hills State CA Zip Code 90212-3016

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

Name of Employer Wiener Properties, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF24004**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Janice L. Zakowski**

Mailing Address 1331 Warnall Avenue

City Los Angeles State CA Zip Code 90024-5355

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

Name of Employer: Americal Management, Inc. Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: **03 / 20 / 2014**

**Transaction ID : A-CF24005**

Amount of Each Receipt this Period: **1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert T. Watson Esq.**

Mailing Address 777 NE 62nd Street Apt. C402

City Miami State FL Zip Code 33138-6400

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

Name of Employer: U.S. Attorney's Office SDFL Occupation: Attorney/Federal Prosecutor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **50**

Date of Receipt: **03 / 30 / 2014**

**Transaction ID : A-CF24191**

Amount of Each Receipt this Period: **50**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Fredric A. Rollman**

Mailing Address 11845 W Olympic Boulevard Suite 1245 W

City Los Angeles State CA Zip Code 90064-5073

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

Name of Employer: Donfeld and Rollman PA Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: **03 / 31 / 2014**

**Transaction ID : A-CF24022**

Amount of Each Receipt this Period: **1000**

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

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

**2050.00**

**94955.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**U. S. Travel Association Political Action Committee**

Mailing Address 1100 New York Avenue NW  
Suite 450W

City Washington State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : A-CF23923**

Amount of Each Receipt this Period  
5000

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

Mailing Address 750 9th Street NW  
Suite 450

City Washington State DC Zip Code 20001-4577

FEC ID number of contributing federal political committee. **C** C00103697

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : A-CF23887**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Dealers Election Action Committee of the National Automobile Dealers Association**

Mailing Address 412 1st Street SE

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : A-CF23960**

Amount of Each Receipt this Period  
1000

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A. National Action Committee (NACPAC)**

Full Name (Last, First, Middle Initial)  
National Action Committee (NACPAC)

Mailing Address 3389 Sheridan Street  
# 424

City Hollywood State FL Zip Code 33021-3606

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : A-CF23958**

Amount of Each Receipt this Period  
1000

**B. National Action Committee (NACPAC)**

Full Name (Last, First, Middle Initial)  
National Action Committee (NACPAC)

Mailing Address 3389 Sheridan Street  
# 424

City Hollywood State FL Zip Code 33021-3606

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : A-CF23959**

Amount of Each Receipt this Period  
2500

**C. The Good Fund**

Full Name (Last, First, Middle Initial)  
The Good Fund

Mailing Address PO Box 3404

City Alexandria State VA Zip Code 22302-0404

FEC ID number of contributing federal political committee. **C** C00409185

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : A-CF24009**

Amount of Each Receipt this Period  
2000

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Univision Communications Inc., PAC (UniPAC)**

Mailing Address 101 Constitution Avenue NW  
Suite 350

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00435735

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : A-CF24010**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**Clear Channel Communications Inc. PAC**

Mailing Address 701 8th Street NW  
Suite 350

City Washington State DC Zip Code 20001-3878

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF24038**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Comcast Corporation & NBCUniversal PAC (COMCAST PAC)**

Mailing Address 300 New Jersey Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2266

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF24025**

Amount of Each Receipt this Period  
2500

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 102
	<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)  
**Ros-Lehtinen For Congress**

**A. Deloitte Federal Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 555 12th Street NW  
Suite 500

City Washington State DC Zip Code 20004-1231

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF24023**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000

**B. Florida East Coast Industries Inc. Good Government Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2855 S Le Jeune Road  
Floor 4

City Coral Gables State FL Zip Code 33134-6612

FEC ID number of contributing federal political committee. **C** C00544908

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF24027**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

**C. Lockheed Martin Employees Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2121 Crystal Drive  
Suite 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF24024**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000

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

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

\_\_\_\_\_ 11000.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 42 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ros-Lehtinen For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Realtors Political Action Committee (RPAC)**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF24026**

Amount of Each Receipt this Period  
 2000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

2000.00

33500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 102
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>TD Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2014
Mailing Address 2495 NE 8th Street		<b>Transaction ID : A-MF24166</b>
City Homestead	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60
Name of Employer	Occupation	Interest Paid
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1080.19	

Full Name (Last, First, Middle Initial) <b>TD Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 2495 NE 8th Street		<b>Transaction ID : A-MF24165</b>
City Homestead	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.97
Name of Employer	Occupation	Interest Paid
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1080.19	

Full Name (Last, First, Middle Initial) <b>TD Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 2495 NE 8th Street		<b>Transaction ID : A-MF24167</b>
City Homestead	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 94.54
Name of Employer	Occupation	Interest Paid
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1080.19	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.51
<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 45 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS Pharmacy</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 6780 Bird Road		Amount of Each Disbursement this Period 11.99
City Miami	State FL	
Zip Code 33155-3753	Purpose of Disbursement Photographs	<b>Transaction ID : B-E-24043</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U Haul Moving Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 6701 S Dixie Highway		Amount of Each Disbursement this Period 219.3
City South Miami	State FL	
Zip Code 33143-7715	Purpose of Disbursement Administrative/Salary/Overhead: Storage	<b>Transaction ID : B-E-24040</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Andres V. Uzcategui</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1541 Brickell Avenue Apt. 3404		Amount of Each Disbursement this Period 432.78
City Miami	State FL	
Zip Code 33129-1228	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<b>Transaction ID : B-E-23687</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	664.07
<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 46 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility (Acct.1773/#8507,was3220)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 944.97 <b>Transaction ID : B-E-23685</b>
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telephones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Marin and Sons</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 16155 SW 117th Avenue		Amount of Each Disbursement this Period 33000 <b>Transaction ID : B-E-23667</b>
City Miami	State FL	
Zip Code 33177-1600	Purpose of Disbursement Administrative/Salary/Overhead: Mailer	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot (7240 Kendall)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 7240 SW 88th Street		Amount of Each Disbursement this Period 111.54 <b>Transaction ID : B-E-23706</b>
City Miami	State FL	
Zip Code 33156	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34056.51
<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 47 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sonny's BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 33505 S. Dixie Hyw		Amount of Each Disbursement this Period 116.61 <b>Transaction ID : B-E-23658</b>
City Florida City	State FL	
Zip Code 33034	Purpose of Disbursement Campaign meal	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sonny's BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 33505 S. Dixie Hyw		Amount of Each Disbursement this Period 116.61 <b>Transaction ID : B-E-24047</b>
City Florida City	State FL	
Zip Code 33034	Purpose of Disbursement Campaign meal	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples (Dadeland)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 13640 SW 88th Street		Amount of Each Disbursement this Period 42.79 <b>Transaction ID : B-E-24048</b>
City Miami	State FL	
Zip Code 33186-1567	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	276.01
<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 48 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Express Travel</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		10		2014
M M	/	D D	/	Y Y Y Y								
01		10		2014								
Mailing Address 5000 SW 75th Avenue Suite 300		Amount of Each Disbursement this Period										
City Miami	State FL	Zip Code 33155-4468										
Purpose of Disbursement Travel: Travel	<table border="1"> <tr> <td>002</td> </tr> </table>		002									
002												
Candidate Name	Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
		Transaction ID : B-E-23900										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Express Travel</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		10		2014
M M	/	D D	/	Y Y Y Y								
01		10		2014								
Mailing Address 5000 SW 75th Avenue Suite 300		Amount of Each Disbursement this Period										
City Miami	State FL	Zip Code 33155-4468										
Purpose of Disbursement Travel: Travel	<table border="1"> <tr> <td>002</td> </tr> </table>		002									
002												
Candidate Name	Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
		Transaction ID : B-E-23901										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. T-Mobile</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		12		2014
M M	/	D D	/	Y Y Y Y								
01		12		2014								
Mailing Address PO Box 790047		Amount of Each Disbursement this Period										
City Saint Louis	State MO	Zip Code 63179-0047										
Purpose of Disbursement Telephones	<table border="1"> <tr> <td>001</td> </tr> </table>		001									
001												
Candidate Name	Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
		Transaction ID : B-E-23686										

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1896.30</td> </tr> </table>	1896.30
1896.30		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 49 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 2978.29 <b>Transaction ID : B-E-24050</b>
City Miami State FL Zip Code 33155-3215	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sergio's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 9330 SW 40th Street		Amount of Each Disbursement this Period 53.97 <b>Transaction ID : B-E-24049</b>
City Miami State FL Zip Code 33165-4160	Purpose of Disbursement Campaign meal Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. US Treasury, Internal Revenue Service (IRS)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 2803.49 <b>Transaction ID : B-E-24224</b>
City Dallas State TX Zip Code 75266-0264	Purpose of Disbursement Administrative/Salary/Overhead: Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2978.29
<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 50 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 42.09 <b>Transaction ID : B-E-24051</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Andres V. Uzcategui</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1541 Brickell Avenue Apt. 3404		Amount of Each Disbursement this Period 432.78 <b>Transaction ID : B-E-23711</b>
City Miami	State FL Zip Code 33129-1228	
Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casa Del Sol Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 58182 Overseas Highway		Amount of Each Disbursement this Period 447.76 <b>Transaction ID : B-E-24052</b>
City Grassy Key	State FL Zip Code 33050-6024	
Purpose of Disbursement Travel: Travel - Hotel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	922.63
<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 51 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Chevron Stations (Miami)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 6690 Bird Road		Amount of Each Disbursement this Period 52.39
City Miami	State FL	
Zip Code 33155-4832	Purpose of Disbursement Travel: Gas	<b>Transaction ID : B-E-24054</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 700 First Street SE		Amount of Each Disbursement this Period 170
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Meal	<b>Transaction ID : B-E-24170</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2100
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Computer Software	<b>Transaction ID : B-E-23661</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2322.39
<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 52 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <b>Cash</b>		M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period
City Miami	State FL	Zip Code 33152-2784
Purpose of Disbursement Petty Cash	Category/Type 001	
Candidate Name	Transaction ID : B-E-23898	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <b>Cash</b>		M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period
City Miami	State FL	Zip Code 33152-2784
Purpose of Disbursement Petty Cash	Category/Type 001	
Candidate Name	Transaction ID : B-E-23899	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <b>Complete Imaging Systems</b>		M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 13280 SW 120th Street		Amount of Each Disbursement this Period
City Miami	State FL	Zip Code 33186-6428
Purpose of Disbursement Copier Rental & Maintenance, Feb. 2014	Category/Type 001	
Candidate Name	Transaction ID : B-E-23660	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	333.75
<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 53 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 660481		Amount of Each Disbursement this Period 98.35 <b>Transaction ID : B-E-23670</b>
City Dallas	State TX	
Zip Code 75266-0481	Purpose of Disbursement Administrative/Salary/Overhead: Shipping	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms. Harriet V. Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 9357 Fontainebleau Boulevard Apt. D202		Amount of Each Disbursement this Period 78.55 <b>Transaction ID : B-E-23669</b>
City Miami	State FL	
Zip Code 33172-4228	Purpose of Disbursement Reimbursement Dec. 2013	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Casa Del Sol Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 58182 Overseas Highway		Amount of Each Disbursement this Period 27 <b>Transaction ID : B-E-24240</b>
City Grassy Key	State FL	
Zip Code 33050-6024	Purpose of Disbursement Travel: Travel - Hotel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	203.90
<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 54 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Big Cheese</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 8080 SW 67th Avenue		Amount of Each Disbursement this Period 61.11 <b>Transaction ID : B-E-24055</b>
City Miami	State FL Zip Code 33143-7702	
Purpose of Disbursement Volunteers meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U Haul Moving Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 6701 S Dixie Highway		Amount of Each Disbursement this Period 219.3 <b>Transaction ID : B-E-24041</b>
City South Miami	State FL Zip Code 33143-7715	
Purpose of Disbursement Administrative/Salary/Overhead: Storage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cash</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-23895</b>
City Miami	State FL Zip Code 33152-2784	
Purpose of Disbursement Petty Cash	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	380.41
<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 55 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address General Mail Facility 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 6900 <b>Transaction ID : B-E-23902</b>
City Miami	State FL Zip Code 33152-9001	
Purpose of Disbursement Administrative/Salary/Overhead: Postage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 337.25 <b>Transaction ID : B-E-24061</b>
City Miami	State FL Zip Code 33155-3215	
Purpose of Disbursement Office supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T (2645)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address PO Box 105773		Amount of Each Disbursement this Period 51.2 <b>Transaction ID : B-E-23699</b>
City Atlanta	State GA Zip Code 30348-5773	
Purpose of Disbursement Telephone		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7288.45
<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 56 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 73 <b>Transaction ID : B-E-24064</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address General Mail Facility 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 685 <b>Transaction ID : B-E-23907</b>
City Miami	State FL Zip Code 33152-9001	
Purpose of Disbursement BRM Annual Account Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 86.91 <b>Transaction ID : B-E-24070</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	844.91
<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 57 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 625.83 <b>Transaction ID : B-E-24067</b>
City Miami	State FL	
Zip Code 33155-3215	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 133.74 <b>Transaction ID : B-E-24069</b>
City Miami	State FL	
Zip Code 33155-3215	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples (Dadeland)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 13640 SW 88th Street		Amount of Each Disbursement this Period 197.32 <b>Transaction ID : B-E-24068</b>
City Miami	State FL	
Zip Code 33186-1567	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	956.89
<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 58 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tamiami Canal Management</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 12039 SW 117th Court		Amount of Each Disbursement this Period 972.77 <b>Transaction ID : B-E-23913</b>
City Miami	State FL	
Zip Code 33186-5202	Purpose of Disbursement Administrative/Salary/Overhead: Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Hon. Ileana Ros-Lehtinen</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 6005 SW 102nd Street		Amount of Each Disbursement this Period 843.95 <b>Transaction ID : B-E-23914</b>
City Pinecrest	State FL	
Zip Code 33156-1916	Purpose of Disbursement Reimbursement: Communications	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Debra M. Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 4121.06 <b>Transaction ID : B-E-23910</b>
City Homestead	State FL	
Zip Code 33030-3112	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5937.78
<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 59 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Debra M. Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 666.68 <b>Transaction ID : B-E-23911</b>
City Homestead State FL Zip Code 33030-3112	Purpose of Disbursement TSP, January 2014 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 110.51 <b>Transaction ID : B-E-24077</b>
City South Miami State FL Zip Code 33143-5243	Purpose of Disbursement Campaign meal Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Rusty Pelican Waterfront Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 3201 Rickenbacker Causeway		Amount of Each Disbursement this Period 165.12 <b>Transaction ID : B-E-24173</b>
City Key Biscayne State FL Zip Code 33149-1015	Purpose of Disbursement Campaign meal Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	942.31
<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 60 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)  
**A. US Treasury, Internal Revenue Service (IRS)**

Mailing Address PO Box 660264

City Dallas State TX Zip Code 75266-0264

Purpose of Disbursement Administrative/Salary/Overhead: Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2014

Amount of Each Disbursement this Period: 100.32

Transaction ID : B-E-24225

Category/Type: 001

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

Mailing Address 5859 SW 73rd Street

City South Miami State FL Zip Code 33143-5243

Purpose of Disbursement Campaign meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2014

Amount of Each Disbursement this Period: 95.86

Transaction ID : B-E-24081

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. Florida Department of Revenue**

Mailing Address 5050 W Tennessee Street

City Tallahassee State FL Zip Code 32399-6586

Purpose of Disbursement Administrative/Salary/Overhead: Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2014

Amount of Each Disbursement this Period: 3.26

Transaction ID : B-E-24226

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 199.44

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

**A. Pizza Bolis**

Full Name (Last, First, Middle Initial)  
Mailing Address 417 8th Street SE

City Washington State DC Zip Code 20003-2833

Purpose of Disbursement Campaign meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2014

Amount of Each Disbursement this Period: 100

Transaction ID : B-E-24080

Category/Type: 001

**B. Cash**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 52-2784

City Miami State FL Zip Code 33152-2784

Purpose of Disbursement Petty Cash

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 100

Transaction ID : B-E-23896

Category/Type: 001

**c. Constant Contact, Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451-7357

Purpose of Disbursement Communications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 195

Transaction ID : B-E-24169

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 395.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS Pharmacy</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 6780 Bird Road		Amount of Each Disbursement this Period 57.4
City Miami	State FL	
Zip Code 33155-3753	Purpose of Disbursement Event supplies	Transaction ID : B-E-24087
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CVS Pharmacy</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 6780 Bird Road		Amount of Each Disbursement this Period 6.42
City Miami	State FL	
Zip Code 33155-3753	Purpose of Disbursement Event supplies	Transaction ID : B-E-24089
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 244.75
City Miami	State FL	
Zip Code 33155-3215	Purpose of Disbursement Office equipment, supplies	Transaction ID : B-E-24086
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	308.57
<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 63 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 42.72 <b>Transaction ID : B-E-24088</b>
City Miami	State FL	
Zip Code 33155-3215	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Andres V. Uzcategui</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1541 Brickell Avenue Apt. 3404		Amount of Each Disbursement this Period 552.78 <b>Transaction ID : B-E-23894</b>
City Miami	State FL	
Zip Code 33129-1228	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cash</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 60 <b>Transaction ID : B-E-23897</b>
City Miami	State FL	
Zip Code 33152-2784	Purpose of Disbursement Petty Cash	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	655.50
<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 64 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 109.94 <b>Transaction ID : B-E-24174</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chevron Stations (Miami)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 6690 Bird Road		Amount of Each Disbursement this Period 14.11 <b>Transaction ID : B-E-24102</b>
City Miami	State FL Zip Code 33155-4832	
Purpose of Disbursement Administrative/Salary/Overhead: Gas	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 96.27 <b>Transaction ID : B-E-24095</b>
City Miami	State FL Zip Code 33155-3215	
Purpose of Disbursement Office supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	220.32
<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 65 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Randazzos Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 385 Miracle Mile		Amount of Each Disbursement this Period 231.32 <b>Transaction ID : B-E-24091</b>
City Coral Gables	State FL	
Zip Code 33134-5819	Purpose of Disbursement Campaign meal	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Southern Photo Tech Service</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 37 NE 167th Street		Amount of Each Disbursement this Period 162.93 <b>Transaction ID : B-E-24090</b>
City North Miami Beach	State FL	
Zip Code 33162-3402	Purpose of Disbursement Camera Repair	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. U Haul Moving Storage</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 6701 S Dixie Highway		Amount of Each Disbursement this Period 219.3 <b>Transaction ID : B-E-24042</b>
City South Miami	State FL	
Zip Code 33143-7715	Purpose of Disbursement Administrative/Salary/Overhead: Storage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	613.55
<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 66 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS Miami Division</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 98 <b>Transaction ID : B-E-24094</b>
City Miami	State FL	
Zip Code 33152-9001	Purpose of Disbursement Mailing, postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS Miami Division</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 49 <b>Transaction ID : B-E-24100</b>
City Miami	State FL	
Zip Code 33152-9001	Purpose of Disbursement Administrative/Salary/Overhead: Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Edward Del Portillo</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 7654 SW 106th Avenue		Amount of Each Disbursement this Period 1294.26 <b>Transaction ID : B-E-23904</b>
City Miami	State FL	
Zip Code 33173-2922	Purpose of Disbursement Car Rental, Printer, Office Supplies, Water & Soda	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1441.26
<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 67 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO Box 619616 MD5307		Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-24103</b>
City Dallas	State TX Zip Code 75261-9616	
Purpose of Disbursement Travel: Airline Ticket	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angie Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 6341 NW 87th Avenue		Amount of Each Disbursement this Period 4875.13 <b>Transaction ID : B-E-23903</b>
City Miami	State FL Zip Code 33178-1626	
Purpose of Disbursement Administrative/Salary/Overhead: Printing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 32.35 <b>Transaction ID : B-E-24105</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4982.48
<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 68 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot (Bird)</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 286.45 <b>Transaction ID : B-E-24096</b>
City Miami	State FL Zip Code 33155-3215	
Purpose of Disbursement Office supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address General Mail Facility 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-23906</b>
City Miami	State FL Zip Code 33152-9001	
Purpose of Disbursement BRM Deposit	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casa Larios Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 61.28 <b>Transaction ID : B-E-24098</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5347.73
<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 69 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot (7240 Kendall)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 7240 SW 88th Street		Amount of Each Disbursement this Period 231.69 <b>Transaction ID : B-E-24097</b>
City Miami State FL Zip Code 33156	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address General Mail Facility 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 490 <b>Transaction ID : B-E-23908</b>
City Miami State FL Zip Code 33152-9001	Purpose of Disbursement BRM Deposit Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS Miami Division</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 9.8 <b>Transaction ID : B-E-24108</b>
City Miami State FL Zip Code 33152-9001	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	731.49
<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 70 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Whisk Gourmet Food</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 7382 SW 56th Avenue		Amount of Each Disbursement this Period 151.41 <b>Transaction ID : B-E-24107</b>
City Miami	State FL Zip Code 33143-5602	
Purpose of Disbursement Campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 110 <b>Transaction ID : B-E-24175</b>
City Waltham	State MA Zip Code 02451-7357	
Purpose of Disbursement Communication costs	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Deli Lane Cafe &amp; Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 7230 SW 59th Avenue		Amount of Each Disbursement this Period 133.94 <b>Transaction ID : B-E-24109</b>
City South Miami	State FL Zip Code 33143-5208	
Purpose of Disbursement campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	395.35
<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 71 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Deli Lane Cafe &amp; Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 7230 SW 59th Avenue		Amount of Each Disbursement this Period 24.95
City South Miami	State FL Zip Code 33143-5208	
Purpose of Disbursement Campaign meal	Category/Type 001	<b>Transaction ID : B-E-24110</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends Of David Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO Box 1158		Amount of Each Disbursement this Period 2500
City Indian Rocks Beach	State FL Zip Code 33785-1158	
Purpose of Disbursement Political Contribution: Contribution	Category/Type 011	<b>Transaction ID : B-E-23912</b>
Candidate Name <b>Friends Of David Jolly</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Red - The Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 119 Washington Avenue		Amount of Each Disbursement this Period 2000
City Miami Beach	State FL Zip Code 33139-7229	
Purpose of Disbursement Campaign Event, Food/Beverage	Category/Type 007	<b>Transaction ID : B-E-24111</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4524.95
<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 72 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Red - The Steakhouse</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 119 Washington Avenue			Amount of Each Disbursement this Period 10629.39	
City Miami Beach	State FL	Zip Code 33139-7229	Transaction ID : B-E-24112	
Purpose of Disbursement Campaign Event, Food/Beverage		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility (Acct.1773/#8507,was3220)</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014	
Mailing Address PO Box 6463			Amount of Each Disbursement this Period 956.22	
City Carol Stream	State IL	Zip Code 60197-6463	Transaction ID : B-E-23919	
Purpose of Disbursement Telephones		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. T-Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014	
Mailing Address PO Box 790047			Amount of Each Disbursement this Period 216.07	
City Saint Louis	State MO	Zip Code 63179-0047	Transaction ID : B-E-23918	
Purpose of Disbursement Telephones		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11801.68
<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 73 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)  
**A. US Treasury, Internal Revenue Service (IRS)**

Mailing Address PO Box 660264

City Dallas State TX Zip Code 75266-0264

Purpose of Disbursement Administrative/Salary/Overhead: Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 14 / 2014

Amount of Each Disbursement this Period: 2803.49

Transaction ID : B-E-24223

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Mr. Jay O'Callaghan**

Mailing Address 2850 Subtle Lane

City Fairfax State VA Zip Code 22031-1435

Purpose of Disbursement Reimb. Petition Project

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 14 / 2014

Amount of Each Disbursement this Period: 1000

Transaction ID : B-E-23893

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. Mr. Andres V. Uzcategui**

Mailing Address 1541 Brickell Avenue Apt. 3404

City Miami State FL Zip Code 33129-1228

Purpose of Disbursement Administrative/Salary/Overhead: Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 14 / 2014

Amount of Each Disbursement this Period: 432.78

Transaction ID : B-E-23892

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 4236.27

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Andres V. Uzcategui</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1541 Brickell Avenue Apt. 3404		Amount of Each Disbursement this Period 60 <b>Transaction ID : B-E-23937</b>
City Miami State FL Zip Code 33129-1228	Purpose of Disbursement Reimbursement food, beverages 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines ( &amp; Admirals Club)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 312 <b>Transaction ID : B-E-24115</b>
City Dfw Airport State TX Zip Code 75261-9616	Purpose of Disbursement Travel: Travel costs 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 27.5 <b>Transaction ID : B-E-24118</b>
City South Miami State FL Zip Code 33143-5243	Purpose of Disbursement Campaign meal 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	399.50
<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 75 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 3900 NW 25th Street		Amount of Each Disbursement this Period 69.08
City Miami	State FL	
Zip Code 33142-6701	Purpose of Disbursement Travel: Travel	<b>Transaction ID : B-E-23943</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U Haul Moving Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 6701 S Dixie Highway		Amount of Each Disbursement this Period 219.3
City South Miami	State FL	
Zip Code 33143-7715	Purpose of Disbursement Administrative/Salary/Overhead: Storage	<b>Transaction ID : B-E-24119</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Harriet V. Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 9357 Fontainebleau Boulevard Apt. D202		Amount of Each Disbursement this Period 109.27
City Miami	State FL	
Zip Code 33172-4228	Purpose of Disbursement Reimbursements, travel & events	<b>Transaction ID : B-E-23891</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	397.65
<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 76 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Harriet V. Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 9357 Fontainebleau Boulevard Apt. D202		Amount of Each Disbursement this Period 109.27
City Miami State FL Zip Code 33172-4228	Purpose of Disbursement Travel: Reimb. Travel and Events Category/Type 002	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : B-E-23915

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 660481		Amount of Each Disbursement this Period 28.53
City Dallas State TX Zip Code 75266-0481	Purpose of Disbursement Administrative/Salary/Overhead: Shipping Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : B-E-23916

Full Name (Last, First, Middle Initial) <b>c. Office Depot (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period 87.6
City Miami State FL Zip Code 33155-3215	Purpose of Disbursement Office supplies Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : B-E-24120

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.40
<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 77 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address General Mail Facility 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 200 Transaction ID : B-E-23917
City Miami	State FL Zip Code 33152-9001	
Purpose of Disbursement USPS BRM Permit Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T (2645)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address PO Box 105773		Amount of Each Disbursement this Period 66.95 Transaction ID : B-E-23924
City Atlanta	State GA Zip Code 30348-5773	
Purpose of Disbursement Telephone	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carmines LaTrattoria Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 11745 Sherri Lane		Amount of Each Disbursement this Period 1203.91 Transaction ID : B-E-24121
City Miami	State FL Zip Code 33183-4830	
Purpose of Disbursement Campaign Event: Campaign Event	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1470.86
<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 78 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Carmines LaTrattoria Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2014</b>
Mailing Address 11745 Sherri Lane		Amount of Each Disbursement this Period <b>1203.91</b>
City <b>Miami</b>	State <b>FL</b>	
Zip Code <b>33183-4830</b>	Purpose of Disbursement Campaign Event: Campaign Event	<b>Transaction ID : B-E-24122</b>
Candidate Name	<b>007</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples (Homestead)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2014</b>
Mailing Address 2631 NE 10th Court		Amount of Each Disbursement this Period <b>67.57</b>
City <b>Homestead</b>	State <b>FL</b>	
Zip Code <b>33033-4718</b>	Purpose of Disbursement Office supplies	<b>Transaction ID : B-E-24124</b>
Candidate Name	<b>001</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Store (FLCty)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2014</b>
Mailing Address 32951 S Dixie Highway		Amount of Each Disbursement this Period <b>780.02</b>
City <b>Florida City</b>	State <b>FL</b>	
Zip Code <b>33034-5641</b>	Purpose of Disbursement Equipment	<b>Transaction ID : B-E-23944</b>
Candidate Name	<b>001</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2051.50</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 79 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Store (FLCty)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 32951 S Dixie Highway		Amount of Each Disbursement this Period 199.48 <b>Transaction ID : B-E-23945</b>
City Florida City	State FL	
Zip Code 33034-5641	Purpose of Disbursement Equipment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Board of County Commissioners</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 2700 NW 87th Avenue Dept.		Amount of Each Disbursement this Period 700 <b>Transaction ID : B-E-23938</b>
City Doral	State FL	
Zip Code 33172-1630	Purpose of Disbursement Petition Cards	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Carmine's La Trattoria</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 11745 Sherri Lane		Amount of Each Disbursement this Period 1003.91 <b>Transaction ID : B-E-23946</b>
City Miami	State FL	
Zip Code 33183-4830	Purpose of Disbursement Campaign meal	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1903.91
<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 80 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address General Mail Facility 2200 NW 72nd Avenue		Amount of Each Disbursement this Period ..... 20 <b>Transaction ID : B-E-23927</b>
City Miami State FL Zip Code 33152-9001	Purpose of Disbursement GMF BRM Permit Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Store (FLCty)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 32951 S Dixie Highway		Amount of Each Disbursement this Period ..... 199.48 <b>Transaction ID : B-E-24128</b>
City Florida City State FL Zip Code 33034-5641	Purpose of Disbursement Telephone 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Store (FLCty)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 32951 S Dixie Highway		Amount of Each Disbursement this Period ..... 150.03 <b>Transaction ID : B-E-24129</b>
City Florida City State FL Zip Code 33034-5641	Purpose of Disbursement Telephone 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 369.51
<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 81 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. FedEx</b>		M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address PO Box 660481		Amount of Each Disbursement this Period
City Dallas State TX Zip Code 75266-0481		9.34
Purpose of Disbursement Courier expense		Transaction ID : B-E-23926
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Pizza Bolis</b>		M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 417 8th Street SE		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20003-2833		91.1
Purpose of Disbursement Campaign Meal, Volunteers		Transaction ID : B-E-24130
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Ritz Carlton Key Biscayne</b>		M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 455 Grand Bay Drive		Amount of Each Disbursement this Period
City Key Biscayne State FL Zip Code 33149-1900		116.3
Purpose of Disbursement Hotel Event		Transaction ID : B-E-24229
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.74
<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 82 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 16.08 <b>Transaction ID : B-E-24125</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign Meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lowe's Home Centers, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1850 NE Campbell Drive		Amount of Each Disbursement this Period 63.99 <b>Transaction ID : B-E-23941</b>
City Homestead	State FL Zip Code 33033	
Purpose of Disbursement Storage bins	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples (Homestead)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2631 NE 10th Court		Amount of Each Disbursement this Period 78.04 <b>Transaction ID : B-E-23948</b>
City Homestead	State FL Zip Code 33033-4718	
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	158.11
<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 83 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Andres V. Uzcategui</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1541 Brickell Avenue Apt. 3404		Amount of Each Disbursement this Period 432.78 <b>Transaction ID : B-E-23936</b>
City Miami State FL Zip Code 33129-1228	Purpose of Disbursement Payroll 2/15-2/28/14 Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Debra M. Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 4121.06 <b>Transaction ID : B-E-23929</b>
City Homestead State FL Zip Code 33030-3112	Purpose of Disbursement Payroll February 2014 Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Debra M. Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 666.68 <b>Transaction ID : B-E-23930</b>
City Homestead State FL Zip Code 33030-3112	Purpose of Disbursement Administrative/Salary/Overhead: TSP Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5220.52
<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 84 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tamiami Canal Management</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 12039 SW 117th Court			Amount of Each Disbursement this Period 972.77
City Miami	State FL	Zip Code 33186-5202	
Purpose of Disbursement Warehouse Rent		Category/ Type 001	<b>Transaction ID : B-E-23971</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Lowe's Home Centers, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 1850 NE Campbell Drive			Amount of Each Disbursement this Period 72.06
City Homestead	State FL	Zip Code 33033	
Purpose of Disbursement Tarp, Plastic, Supplies		Category/ Type 001	<b>Transaction ID : B-E-23950</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Cash</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 52-2784			Amount of Each Disbursement this Period 100
City Miami	State FL	Zip Code 33152-2784	
Purpose of Disbursement Petty Cash / SOBE Weekend		Category/ Type 001	<b>Transaction ID : B-E-23977</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1144.83
<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 85 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lowe's Home Centers, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1850 NE Campbell Drive		Amount of Each Disbursement this Period 72.06 <b>Transaction ID : B-E-24135</b>
City Homestead State FL Zip Code 33033	Purpose of Disbursement Storage containers, tarp, plastic Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples (Homestead)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2631 NE 10th Court		Amount of Each Disbursement this Period 78.04 <b>Transaction ID : B-E-24134</b>
City Homestead State FL Zip Code 33033-4718	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Big Cheese</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 8080 SW 67th Avenue		Amount of Each Disbursement this Period 146.69 <b>Transaction ID : B-E-24133</b>
City Miami State FL Zip Code 33143-7702	Purpose of Disbursement Campaign meal Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	296.79
<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 86 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. U Haul Moving Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 6701 S Dixie Highway		Amount of Each Disbursement this Period 219.3
City South Miami	State FL Zip Code 33143-7715	
Purpose of Disbursement Administrative/Salary/Overhead: Storage		<b>Transaction ID : B-E-24132</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cash</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 100
City Miami	State FL Zip Code 33152-2784	
Purpose of Disbursement Petty Cash		<b>Transaction ID : B-E-23978</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cash</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 100
City Miami	State FL Zip Code 33152-2784	
Purpose of Disbursement Petty Cash		<b>Transaction ID : B-E-23979</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	419.30
<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 87 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Casa Larios Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 5859 SW 73rd Street			Amount of Each Disbursement this Period 57.1 <b>Transaction ID : B-E-24136</b>
City South Miami	State FL	Zip Code 33143-5243	
Purpose of Disbursement Campaign meal		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hampton Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1325 Wilson Boulevard			Amount of Each Disbursement this Period 162.07 <b>Transaction ID : B-E-24232</b>
City Arlington	State VA	Zip Code 22209-2301	
Purpose of Disbursement Travel: Hotel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility (Acct.1773/#8507,was3220)</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO Box 6463			Amount of Each Disbursement this Period 1040.22 <b>Transaction ID : B-E-23949</b>
City Carol Stream	State IL	Zip Code 60197-6463	
Purpose of Disbursement Telephone Service		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1259.39
<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 88 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS Pharmacy</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 6780 Bird Road		Amount of Each Disbursement this Period 182.66
City Miami	State FL	
Zip Code 33155-3753		
Purpose of Disbursement Event Supplies		Category/ Type 001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. St. Theresa School</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 421 Fluvia Avenue		Amount of Each Disbursement this Period 2327
City Coral Gables	State FL	
Zip Code 33134-7153		
Purpose of Disbursement Advertising: Ad		Category/ Type 004
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot (Florida City)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 32955 S Dixie Highway		Amount of Each Disbursement this Period 149.55
City Florida City	State FL	
Zip Code 33034-5641		
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2659.21
<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 89 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS Miami Division</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2200 NW 72nd Avenue		Amount of Each Disbursement this Period 421.4 <b>Transaction ID : B-E-24137</b>
City Miami	State FL	
Zip Code 33152-9001	Purpose of Disbursement Administrative/Salary/Overhead: Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Red - The Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 119 Washington Avenue		Amount of Each Disbursement this Period 10629.39 <b>Transaction ID : B-E-23984</b>
City Miami Beach	State FL	
Zip Code 33139-7229	Purpose of Disbursement Campaign meal	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ritz Carlton South Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 1 Lincoln Road		Amount of Each Disbursement this Period 16333.97 <b>Transaction ID : B-E-23982</b>
City Miami Beach	State FL	
Zip Code 33139-2000	Purpose of Disbursement Campaign Event: Friday Reception	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27384.76
<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 90 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Cash</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		10		2014
M M	/	D D	/	Y Y Y Y									
03		10		2014									
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33152-2784</td> </tr> </table>		City	State	Zip Code	Miami	FL	33152-2784	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>100</td> </tr> </table>		Amount	100		
City	State	Zip Code											
Miami	FL	33152-2784											
Amount													
100													
Purpose of Disbursement Petty Cash		Transaction ID : B-E-24030											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Office Depot (Bird)</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		10		2014
M M	/	D D	/	Y Y Y Y									
03		10		2014									
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Miami</td> <td>FL</td> <td>33155-3215</td> </tr> </table>		City	State	Zip Code	Miami	FL	33155-3215	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>149.55</td> </tr> </table>		Amount	149.55		
City	State	Zip Code											
Miami	FL	33155-3215											
Amount													
149.55													
Purpose of Disbursement Office supplies		Transaction ID : B-E-24139											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>c. The Monocle Restaurant</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		10		2014
M M	/	D D	/	Y Y Y Y									
03		10		2014									
Mailing Address 107 D Street NE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20002-5613</td> </tr> </table>		City	State	Zip Code	Washington	DC	20002-5613	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>325</td> </tr> </table>		Amount	325		
City	State	Zip Code											
Washington	DC	20002-5613											
Amount													
325													
Purpose of Disbursement Campaign meal		Transaction ID : B-E-24235											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	574.55
<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 91 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 110 <b>Transaction ID : B-E-24236</b>
City Waltham	State MA Zip Code 02451-7357	
Purpose of Disbursement Communication costs	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jose J. Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 6085 Bellview Drive Apt. 101		Amount of Each Disbursement this Period 240 <b>Transaction ID : B-E-24028</b>
City Falls Church	State VA Zip Code 22041-6085	
Purpose of Disbursement Cleaning, Reimb. of Supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 89.72 <b>Transaction ID : B-E-24039</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign Meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	439.72
<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 92 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lowe's Home Centers, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1850 NE Campbell Drive		Amount of Each Disbursement this Period 3149.59 <b>Transaction ID : B-E-23985</b>
City Homestead	State FL	
Zip Code 33033	Purpose of Disbursement Warehouse Storage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NATCA Charitable Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1325 Massachusetts Avenue NW		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-24029</b>
City Washington	State DC	
Zip Code 20005-4171	Purpose of Disbursement Air Traffic Controllers Bicycle Charity Run	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ritz Carlton South Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1 Lincoln Road		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-24142</b>
City Miami Beach	State FL	
Zip Code 33139-2000	Purpose of Disbursement Campaign Event, Final	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3149.59
<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 93 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO Box 790047		Amount of Each Disbursement this Period 223.22
City Saint Louis	State MO	
Zip Code 63179-0047	Purpose of Disbursement Telephone service	<b>Transaction ID : B-E-23947</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Treasury, Internal Revenue Service (IRS)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 2803.49
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Administrative/Salary/Overhead: Taxes	<b>Transaction ID : B-E-24222</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Roger Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 461.48
City Homestead	State FL	
Zip Code 33030-3112	Purpose of Disbursement Reimb. Jan 2014	<b>Transaction ID : B-E-23969</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3488.19
<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 94 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Complete Imaging Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 13280 SW 120th Street		Amount of Each Disbursement this Period 133.75 <b>Transaction ID : B-E-23972</b>
City Miami State FL Zip Code 33186-6428	Purpose of Disbursement Copier Rental & Maintenance 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Andres V. Uzcategui</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1541 Brickell Avenue Apt. 3404		Amount of Each Disbursement this Period 675.57 <b>Transaction ID : B-E-23974</b>
City Miami State FL Zip Code 33129-1228	Purpose of Disbursement Reimb. Travel (Jan-March) 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Roger Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-23975</b>
City Homestead State FL Zip Code 33030-3112	Purpose of Disbursement Reimb. Feb. 2014 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1009.32
<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 95 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Cash</b>		M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period
City Miami State FL Zip Code 33152-2784		100
Purpose of Disbursement Petty Cash		Transaction ID : B-E-24031
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Office Depot (Bird)</b>		M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 8601 Bird Road		Amount of Each Disbursement this Period
City Miami State FL Zip Code 33155-3215		94.68
Purpose of Disbursement Office Supplies		Transaction ID : B-E-24144
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Loews Hotels</b>		M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1700 Ocean Avenue Santa Monica		Amount of Each Disbursement this Period
City Santa Monica State CA Zip Code 90401-3233		1443.45
Purpose of Disbursement Travel: Hotel		Transaction ID : B-E-24145
Candidate Name		Category/Type 002
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1638.13
<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 96 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Loews Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1700 Ocean Avenue Santa Monica		Amount of Each Disbursement this Period 1443.45
City Santa Monica	State CA	
Zip Code 90401-3233	Purpose of Disbursement Travel: Hotel	<b>Transaction ID : B-E-24146</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 8740 SW 40th Street		Amount of Each Disbursement this Period 73.15
City Miami	State FL	
Zip Code 33165-5470	Purpose of Disbursement Office supplies	<b>Transaction ID : B-E-24147</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 8740 SW 40th Street		Amount of Each Disbursement this Period 7.47
City Miami	State FL	
Zip Code 33165-5470	Purpose of Disbursement Office Supplies	<b>Transaction ID : B-E-24148</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1524.07
<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 97 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Chevron Stations (Miami)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 6690 Bird Road		Amount of Each Disbursement this Period 51.93 <b>Transaction ID : B-E-24149</b>
City Miami	State FL	
Zip Code 33155-4832	Purpose of Disbursement Travel: Gas	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T (2645)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address PO Box 105773		Amount of Each Disbursement this Period 58.33 <b>Transaction ID : B-E-24018</b>
City Atlanta	State GA	
Zip Code 30348-5773	Purpose of Disbursement Telephones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Loews Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1700 Ocean Avenue Santa Monica		Amount of Each Disbursement this Period 1410.59 <b>Transaction ID : B-E-24150</b>
City Santa Monica	State CA	
Zip Code 90401-3233	Purpose of Disbursement Travel: Hotel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1520.85
<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 98 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Loews Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1700 Ocean Avenue Santa Monica		Amount of Each Disbursement this Period 870.16 <b>Transaction ID : B-E-24151</b>
City Santa Monica	State CA Zip Code 90401-3233	
Purpose of Disbursement Travel: Hotel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U Haul Moving Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 6701 S Dixie Highway		Amount of Each Disbursement this Period 219.3 <b>Transaction ID : B-E-24152</b>
City South Miami	State FL Zip Code 33143-7715	
Purpose of Disbursement Administrative/Salary/Overhead: Storage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Store (Dadeland/Kendall Drive)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 8821 S Dixie Highway		Amount of Each Disbursement this Period 53.5 <b>Transaction ID : B-E-24156</b>
City Miami	State FL Zip Code 33156-1618	
Purpose of Disbursement Telephones	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1142.96
<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 99 OF 102			
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Loews Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1700 Ocean Avenue Santa Monica		Amount of Each Disbursement this Period 283 <b>Transaction ID : B-E-24154</b>
City Santa Monica	State CA Zip Code 90401-3233	
Purpose of Disbursement Travel: Hotel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Loews Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1700 Ocean Avenue Santa Monica		Amount of Each Disbursement this Period 21.37 <b>Transaction ID : B-E-24155</b>
City Santa Monica	State CA Zip Code 90401-3233	
Purpose of Disbursement Travel: Hotel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobile Stations (103/US1)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 10345 S Dixie Highway		Amount of Each Disbursement this Period 57.32 <b>Transaction ID : B-E-24159</b>
City Pinecrest	State FL Zip Code 33156-3148	
Purpose of Disbursement Travel: Gas	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	361.69
<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 100 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Casa Larios Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 5859 SW 73rd Street		Amount of Each Disbursement this Period 37.76 <b>Transaction ID : B-E-24160</b>
City South Miami	State FL Zip Code 33143-5243	
Purpose of Disbursement Campaign meal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tamiami Canal Management</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 12039 SW 117th Court		Amount of Each Disbursement this Period 972.77 <b>Transaction ID : B-E-24017</b>
City Miami	State FL Zip Code 33186-5202	
Purpose of Disbursement April 2014 Warehouse Rent	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Harriet V. Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 9357 Fontainebleau Boulevard Apt. D202		Amount of Each Disbursement this Period 120.59 <b>Transaction ID : B-E-24021</b>
City Miami	State FL Zip Code 33172-4228	
Purpose of Disbursement Reimbursements February 2014	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1131.12
<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 101 OF 102	
	<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)  
**Ros-Lehtinen For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Debra M. Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 4121.06 <b>Transaction ID : B-E-24019</b>
City Homestead State FL Zip Code 33030-3112	Purpose of Disbursement Payroll March 2014 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Debra M. Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 311 NW 19th Street		Amount of Each Disbursement this Period 666.68 <b>Transaction ID : B-E-24020</b>
City Homestead State FL Zip Code 33030-3112	Purpose of Disbursement TSP March 2014 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Best Buy (Bird)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7751 Bird Road		Amount of Each Disbursement this Period 74.89 <b>Transaction ID : B-E-24161</b>
City Miami State FL Zip Code 33155-3546	Purpose of Disbursement Electronics Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4862.63
<b>TOTAL</b> This Period (last page this line number only).....	