

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Carol Platt for Congress

ADDRESS (number and street)

4417 13th Street

Box 172

St. Cloud

FL

34769

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00544635

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2014

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

Type or Print Name of Treasurer Nancy Watkins

Signature of Treasurer Nancy Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y

08

D D / Y Y Y Y

14

Y Y Y Y

2014

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

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

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 49

Write or Type Committee Name

Carol Platt for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 53098.28                | 254953.65                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 1200.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 53098.28                | 253753.65                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 71381.38                | 237508.24                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 71381.38                | 237508.24                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 16248.04                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 29823.35                |                                    |

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 49

Write or Type Committee Name

Carol Platt for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

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

12104.62

82015.02

(ii) Unitemized.....

24597.03

122756.26

(iii) TOTAL of contributions from individuals ▶

36701.65

204771.28

(b) Political Party Committees.....

0.00

0.00

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

1500.00

3500.00

(d) The Candidate.....

14896.63

46682.37

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

53098.28

254953.65

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

0.00

0.00

**13. LOANS:**

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.65

2.63

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

53098.93

254956.28

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 49

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 71381.38                      | 237508.24                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 1200.00                            |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 1200.00                            |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 71381.38                      | 238708.24                          |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 34530.49 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 53098.93 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 87629.42 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 71381.38 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 16248.04 |

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

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

FOR LINE NUMBER:

PAGE 5 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Alto Adams**

Mailing Address PO Box 12909

City

Fort Pierce

State

FL

Zip Code

34979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Rancher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 12    |   | 2014        |

Transaction ID : SA11AI.11324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Michael Adams**

Mailing Address PO Box 12909

City

Fort Pierce

State

FL

Zip Code

34979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Rancher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 12    |   | 2014        |

Transaction ID : SA11AI.11326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**MR ROBERT E ADAMS**

Mailing Address PO BOX 1854

City

N WILKESBORO

State

NC

Zip Code

28659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 12    |   | 2014        |

Transaction ID : SA11AI.11323

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**MR PHILO J BROOKS**

Mailing Address 2237 YOUNGSTOWN LOCKPORT RD

City

RANSOMVILLE

State

NY

Zip Code

14131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 21    |   | 2014      |

Transaction ID : SA11AI.10665

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**SUE CANNON**

Mailing Address 6420 W LAKERIDGE RD

City

LAKEWOOD

State

CO

Zip Code

80227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 15    |   | 2014      |

Transaction ID : SA11AI.10553

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**John Clark**

Mailing Address 5300 N Canoe Creek Road

City

Kenansville

State

FL

Zip Code

34739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 10    |   | 2014      |

Transaction ID : SA11AI.10023

Amount of Each Receipt this Period

300.00

Primary Contribution

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

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

600.00

# **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 49

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD CRISLIP**

Mailing Address 2319 TYLER ST

City State Zip Code  
 JENISON MI 49428

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

Name of Employer Occupation  
 NONE RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 205.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 11 2014

Transaction ID : SA11AI.10358

Amount of Each Receipt this Period

35.00

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

Mailing Address 2558 Partridge Drive

City State Zip Code  
 Winter Haven FL 33884

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

Name of Employer Occupation  
 Crosby & Associates, Inc. real estate broker

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1700.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 01 2014

Transaction ID : SA11AI.7444

Amount of Each Receipt this Period

1000.00

Primary Contribution

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

Mailing Address PO Box 4308

City State Zip Code  
 Ocala FL 34478

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

Name of Employer Occupation  
 Self Artist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 12 2014

Transaction ID : SA11AI.11320

Amount of Each Receipt this Period

1000.00

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

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

2035.00

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

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

FOR LINE NUMBER:

PAGE 8 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                         |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Se'Belle Dymmek</b>                                                                             |                                         | Date of Receipt<br>M M / D D / Y Y Y Y<br><b>06 / 30 / 2014</b> |
| Mailing Address <b>491 Will Barber Road</b>                                                                                                   |                                         | <b>Transaction ID : SA11AI.11294</b>                            |
| City<br><b>Kissimmee</b>                                                                                                                      | State<br><b>FL</b>                      | Zip Code<br><b>34744</b>                                        |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                         | Amount of Each Receipt this Period<br><b>500.00</b>             |
| Name of Employer<br><b>Self</b>                                                                                                               | Occupation<br><b>Rancher</b>            |                                                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b> |                                                                 |

|                                                                                                                                               |                                         |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>ROBERT GARTHWAIT</b>                                                                            |                                         | Date of Receipt<br>M M / D D / Y Y Y Y<br><b>04 / 18 / 2014</b> |
| Mailing Address <b>PO BOX 1367</b>                                                                                                            |                                         | <b>Transaction ID : SA11AI.10633</b>                            |
| City<br><b>WATERBURY</b>                                                                                                                      | State<br><b>CT</b>                      | Zip Code<br><b>06721</b>                                        |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                         | Amount of Each Receipt this Period<br><b>300.00</b>             |
| Name of Employer<br><b>CLY DEL MFG CO</b>                                                                                                     | Occupation<br><b>CHAIRMAN</b>           |                                                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>300.00</b> |                                                                 |

|                                                                                                                                               |                                         |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Danny Hall</b>                                                                                  |                                         | Date of Receipt<br>M M / D D / Y Y Y Y<br><b>05 / 30 / 2014</b> |
| Mailing Address <b>1388 Grandview Blvd</b>                                                                                                    |                                         | <b>Transaction ID : SA11AI.11285</b>                            |
| City<br><b>Kissimmee</b>                                                                                                                      | State<br><b>FL</b>                      | Zip Code<br><b>34744</b>                                        |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                         | Amount of Each Receipt this Period<br><b>500.00</b>             |
| Name of Employer<br><b>H &amp; H Sod Company</b>                                                                                              | Occupation<br><b>Owner</b>              |                                                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b> |                                                                 |

|                                                                 |                |
|-----------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**Full Name (Last, First, Middle Initial)  
**A. Gaye Holt**

Mailing Address 1817 Laurel Glen Cv

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Lakeland | FL    | 33803    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillsborough School BoardOccupation  
Principal

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 31    |   | 2014      |

Transaction ID : SA11AI.11339

Amount of Each Receipt this Period

500.00

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

Mailing Address 6247 LOUISE COVE DR

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| WINDERMERE | FL    | 34786    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 18    |   | 2014      |

Transaction ID : SA11AI.10629

Amount of Each Receipt this Period

500.00

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

Mailing Address 4423 Albritton Road

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&B PromotionsOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 01    |   | 2014      |

Transaction ID : SA11AI.11412

Amount of Each Receipt this Period

300.00

In-kind - Food and Beverage

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

1300.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                  |                                                          |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Clay Jowers</b>                                                                       |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 18 / 2014 |                                              |
| Mailing Address PO Box 700455                                                                                                                 |                                  | <b>Transaction ID : SA11AI.10047</b>                     |                                              |
| City<br>St. Cloud                                                                                                                             | State<br>FL                      | Zip Code<br>34770                                        | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  | Primary Contribution                                     |                                              |
| Name of Employer<br>None                                                                                                                      | Occupation<br>Retired            |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>MARY MELTZER</b>                                                                      |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 10 / 2014 |                                              |
| Mailing Address 14 EDGECOMB RD                                                                                                                |                                  | <b>Transaction ID : SA11AI.11198</b>                     |                                              |
| City<br>BINGHAMTON                                                                                                                            | State<br>NY                      | Zip Code<br>13905                                        | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |                                              |
| Name of Employer<br>NONE                                                                                                                      | Occupation<br>HOMEMAKER          |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>RICHARD MOORES</b>                                                                    |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 20 / 2014 |                                              |
| Mailing Address 32769 INVERNESS DR                                                                                                            |                                  | <b>Transaction ID : SA11AI.11153</b>                     |                                              |
| City<br>EVERGREEN                                                                                                                             | State<br>CO                      | Zip Code<br>80439                                        | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |                                              |
| Name of Employer<br>RCM INTL                                                                                                                  | Occupation<br>BUSINESSMAN        |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |                                                          |                                              |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                  | 1500.00                                                  |                                              |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                  |                                                          |                                              |

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**MR SHAUN F O'MALLEY**

Mailing Address 8000 SEMINOLE ST

City

PHILADELPHIA

State

PA

Zip Code

19118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

334.62

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 07    |   | 2014        |

Transaction ID : SA11AI.10204

Amount of Each Receipt this Period

134.62

Full Name (Last, First, Middle Initial)

**DAVID PENDERY**

Mailing Address 5700 LIGHTHOUSE DR

City

FLOWER MOUND

State

TX

Zip Code

75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 14    |   | 2014        |

Transaction ID : SA11AI.10463

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**ELSA PRINCE**

Mailing Address 1057 S SHORE DR

City

HOLLAND

State

MI

Zip Code

49423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 20    |   | 2014        |

Transaction ID : SA11AI.11145

Amount of Each Receipt this Period

500.00

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

834.62

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

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |             |                                  |                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------|----------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Raymond Roth</b>                                                                      |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 18 / 2014 |  |
| Mailing Address 15385 Extroms                                                                                                                 |             |                                  | <b>Transaction ID : SA11AI.10058</b>                     |  |
| City<br>Wellington                                                                                                                            | State<br>FL | Zip Code<br>33414                | Amount of Each Receipt this Period<br>500.00             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |             | Primary Contribution             |                                                          |  |
| Name of Employer<br>Self                                                                                                                      |             | Occupation<br>Farmer             |                                                          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>750.00 |                                                          |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Leighann Simmons</b>                                                                  |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 12 / 2014 |  |
| Mailing Address PO Box 12909                                                                                                                  |             |                                  | <b>Transaction ID : SA11AI.11328</b>                     |  |
| City<br>Fort Pierce                                                                                                                           | State<br>FL | Zip Code<br>34979                | Amount of Each Receipt this Period<br>250.00             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |             |                                  |                                                          |  |
| Name of Employer<br>Self                                                                                                                      |             | Occupation<br>Rancher            |                                                          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>250.00 |                                                          |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MRS VIANNE SMITH</b>                                                                  |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014 |  |
| Mailing Address 4800 CANOE CREEK RD                                                                                                           |             |                                  | <b>Transaction ID : SA11AI.10547</b>                     |  |
| City<br>SAINT CLOUD                                                                                                                           | State<br>FL | Zip Code<br>34772                | Amount of Each Receipt this Period<br>250.00             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |             |                                  |                                                          |  |
| Name of Employer<br>None                                                                                                                      |             | Occupation<br>Retired            |                                                          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>450.00 |                                                          |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |             |                                  | 1000.00                                                  |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |             |                                  |                                                          |  |

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   |         |   |         |   |         |    |  |    |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|---|---------|---|---------|----|--|----|--|------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Kyle Story</b>                                                                        |                                                                                                         | Date of Receipt<br><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>04</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table> |   | M M     | / | D D     | / | Y Y Y Y | 04 |  | 28 |  | 2014 |
| M M                                                                                                                                           | /                                                                                                       | D D                                                                                                                                                                                             | / | Y Y Y Y |   |         |   |         |    |  |    |  |      |
| 04                                                                                                                                            |                                                                                                         | 28                                                                                                                                                                                              |   | 2014    |   |         |   |         |    |  |    |  |      |
| Mailing Address <b>PO Box 1221</b>                                                                                                            |                                                                                                         | <b>Transaction ID : SA11AI.10074</b>                                                                                                                                                            |   |         |   |         |   |         |    |  |    |  |      |
| City<br><b>Lake Wales</b>                                                                                                                     | State<br><b>FL</b>                                                                                      | Zip Code<br><b>33859</b>                                                                                                                                                                        |   |         |   |         |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                                                                                         | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>                                                                              |   |         |   |         |   | 500.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 500.00  |   |         |   |         |    |  |    |  |      |
| Name of Employer<br>Information Requested                                                                                                     | Occupation<br>Information Requested                                                                     | Primary Contribution                                                                                                                                                                            |   |         |   |         |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="4"></td> <td>600.00</td> </tr> </table>  |                                                                                                                                                                                                 |   |         |   | 600.00  |   |         |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 600.00  |   |         |   |         |    |  |    |  |      |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Gary Suhl</b>                                                                         |                                                                                                         | Date of Receipt<br><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>06</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table> |   | M M     | / | D D     | / | Y Y Y Y | 06 |  | 01 |  | 2014 |
| M M                                                                                                                                           | /                                                                                                       | D D                                                                                                                                                                                             | / | Y Y Y Y |   |         |   |         |    |  |    |  |      |
| 06                                                                                                                                            |                                                                                                         | 01                                                                                                                                                                                              |   | 2014    |   |         |   |         |    |  |    |  |      |
| Mailing Address <b>958 S. Hoagland Blvd.</b>                                                                                                  |                                                                                                         | <b>Transaction ID : SA11AI.11416</b>                                                                                                                                                            |   |         |   |         |   |         |    |  |    |  |      |
| City<br><b>Kissimmee</b>                                                                                                                      | State<br><b>FL</b>                                                                                      | Zip Code<br><b>34741</b>                                                                                                                                                                        |   |         |   |         |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                                                                                         | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="4"></td> <td>1250.00</td> </tr> </table>                                                                             |   |         |   |         |   | 1250.00 |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 1250.00 |   |         |   |         |    |  |    |  |      |
| Name of Employer<br><b>Kissimmee Sports</b>                                                                                                   | Occupation<br><b>Owner</b>                                                                              | In-kind - Advertising                                                                                                                                                                           |   |         |   |         |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="4"></td> <td>1350.00</td> </tr> </table> |                                                                                                                                                                                                 |   |         |   | 1350.00 |   |         |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 1350.00 |   |         |   |         |    |  |    |  |      |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MR RAYMOND G TOBIN</b>                                                                |                                                                                                         | Date of Receipt<br><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>04</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table> |   | M M     | / | D D     | / | Y Y Y Y | 04 |  | 18 |  | 2014 |
| M M                                                                                                                                           | /                                                                                                       | D D                                                                                                                                                                                             | / | Y Y Y Y |   |         |   |         |    |  |    |  |      |
| 04                                                                                                                                            |                                                                                                         | 18                                                                                                                                                                                              |   | 2014    |   |         |   |         |    |  |    |  |      |
| Mailing Address <b>PO BOX 710218</b>                                                                                                          |                                                                                                         | <b>Transaction ID : SA11AI.10634</b>                                                                                                                                                            |   |         |   |         |   |         |    |  |    |  |      |
| City<br><b>SAN DIEGO</b>                                                                                                                      | State<br><b>CA</b>                                                                                      | Zip Code<br><b>92171</b>                                                                                                                                                                        |   |         |   |         |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                                                                                         | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>                                                                              |   |         |   |         |   | 250.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 250.00  |   |         |   |         |    |  |    |  |      |
| Name of Employer<br><b>None</b>                                                                                                               | Occupation<br><b>Retired</b>                                                                            |                                                                                                                                                                                                 |   |         |   |         |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="4"></td> <td>350.00</td> </tr> </table>  |                                                                                                                                                                                                 |   |         |   | 350.00  |   |         |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 350.00  |   |         |   |         |    |  |    |  |      |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                                                                                         | <table border="1"> <tr> <td colspan="4"></td> <td>2000.00</td> </tr> </table>                                                                                                                   |   |         |   |         |   | 2000.00 |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   | 2000.00 |   |         |   |         |    |  |    |  |      |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                                                                                         | <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>                                                                                                                          |   |         |   |         |   |         |    |  |    |  |      |
|                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                 |   |         |   |         |   |         |    |  |    |  |      |

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR KENT TOOMEY**  
Mailing Address **1505 REGAL COVE BLVD**

City State Zip Code  
**KISSIMMEE FL 34744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**585.00**

Date of Receipt

**04 / 10 / 2014**

**Transaction ID : SA11AI.10285**

Amount of Each Receipt this Period

**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Wedgworth**  
Mailing Address **13643 Staimford Drive**

City State Zip Code  
**Wellington FL 33414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Self-Employed**

Occupation  
**Sugar Farmer**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**750.00**

Date of Receipt

**04 / 18 / 2014**

**Transaction ID : SA11AI.10059**

Amount of Each Receipt this Period

**250.00**

Primary Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Larry Whaley**  
Mailing Address **PO Box 423081**

City State Zip Code  
**Kissimmee FL 34742**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**None**

Occupation  
**Retired**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**04 / 18 / 2014**

**Transaction ID : SA11AI.10060**

Amount of Each Receipt this Period

**500.00**

Primary Contribution

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

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

**785.00**

**12104.62**

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

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**A Duda & Sons PAC, Inc.**

Mailing Address 1200 Duda Trail

City State Zip Code  
 Oviedo FL 32762

FEC ID number of contributing  
federal political committee.

**C** C00213231

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

**04** / **18** / **2014**

**Transaction ID : SA11C.10051**

Amount of Each Receipt this Period

500.00

Primary Contribution

Full Name (Last, First, Middle Initial)

**B. FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

Mailing Address 411 E ORANGE STREET

City State Zip Code  
 LAKE LAND FL 33801

FEC ID number of contributing  
federal political committee.

**C** C00131607

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

**05** / **30** / **2014**

**Transaction ID : SA11C.11407**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. FLORIDA FARM BUREAU FEDERATION FEDPAC**

Mailing Address 5700 SW 34 STREET

City State Zip Code  
 GAINESVILLE FL 32608

FEC ID number of contributing  
federal political committee.

**C** C00283572

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**05** / **12** / **2014**

**Transaction ID : SA11C.11409**

Amount of Each Receipt this Period

500.00

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

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

1500.00

1500.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                    |                                                          |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 02 / 2014 |                                                                           |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.10029</b>                      |                                                                           |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>1250.00<br>In-kind - Speech Writing |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    |                                                          |                                                                           |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                                                           |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>33035.74 |                                                          |                                                                           |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 13 / 2014 |                                                                           |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11265</b>                      |                                                                           |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>44.10<br>In-kind - Postage          |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    |                                                          |                                                                           |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                                                           |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>33079.84 |                                                          |                                                                           |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 01 / 2014 |                                                                           |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11277</b>                      |                                                                           |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>8000.00<br>Candidate Contribution   |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    |                                                          |                                                                           |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                                                           |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>41079.84 |                                                          |                                                                           |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                    | 9294.10                                                  |                                                                           |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                    |                                                          |                                                                           |

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |             |                                                          |                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 02 / 2014 |                                                                                |
| Mailing Address P. O. Box 172                                                                                                                 |             | <b>Transaction ID : SA11D.11368</b>                      |                                                                                |
| City<br>St. Cloud                                                                                                                             | State<br>FL | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>148.55<br>In-kind - Lodging              |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4FL09083                                                              |             | Name of Employer<br>n/a                                  |                                                                                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Occupation<br>candidate                                  |                                                                                |
| Election Cycle-to-Date<br>41228.39                                                                                                            |             | In-kind - Lodging                                        |                                                                                |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 18 / 2014 |                                                                                |
| Mailing Address P. O. Box 172                                                                                                                 |             | <b>Transaction ID : SA11D.11372</b>                      |                                                                                |
| City<br>St. Cloud                                                                                                                             | State<br>FL | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>641.55<br>In-kind - Lodging              |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4FL09083                                                              |             | Name of Employer<br>n/a                                  |                                                                                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Occupation<br>candidate                                  |                                                                                |
| Election Cycle-to-Date<br>41869.94                                                                                                            |             | In-kind - Lodging                                        |                                                                                |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 01 / 2014 |                                                                                |
| Mailing Address P. O. Box 172                                                                                                                 |             | <b>Transaction ID : SA11D.11664</b>                      |                                                                                |
| City<br>St. Cloud                                                                                                                             | State<br>FL | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>2000.00<br>In-kind - campaign management |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4FL09083                                                              |             | Name of Employer<br>n/a                                  |                                                                                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Occupation<br>candidate                                  |                                                                                |
| Election Cycle-to-Date<br>43869.94                                                                                                            |             | In-kind - campaign management                            |                                                                                |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |             | 2790.10                                                  |                                                                                |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |             |                                                          |                                                                                |

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

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                    |                                                          |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 06 / 2014 |                                              |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11356</b>                      |                                              |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    | In-kind - Table and Sign                                 |                                              |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>44169.94 |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 10 / 2014 |                                              |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11360</b>                      |                                              |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>150.00 |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    | In-kind - Campaign Booth                                 |                                              |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>44319.94 |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 13 / 2014 |                                              |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11364</b>                      |                                              |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>213.49 |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    | In-kind - Signs and Banners                              |                                              |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>44533.43 |                                                          |                                              |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                    | 663.49                                                   |                                              |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                    |                                                          |                                              |

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                    |                                                          |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 19 / 2014 |                                               |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11389</b>                      |                                               |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>887.57  |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    | In-kind - Lodging                                        |                                               |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>45421.00 |                                                          |                                               |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 25 / 2014 |                                               |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11348</b>                      |                                               |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>1075.00 |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    | In-kind - Airfare                                        |                                               |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>46496.00 |                                                          |                                               |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |                                               |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11351</b>                      |                                               |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>27.76   |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                    | In-kind - Transportation                                 |                                               |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>46523.76 |                                                          |                                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                    | 1990.33                                                  |                                               |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                    |                                                          |                                               |

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

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                          |                                                          |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                          | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |                                                                               |
| Mailing Address P. O. Box 172                                                                                                                 |                                          | <b>Transaction ID : SA11D.11376</b>                      |                                                                               |
| City<br>St. Cloud                                                                                                                             | State<br>FL                              | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>_____ 15.44<br>In-kind - Transportation |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                          |                                                          |                                                                               |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate                  |                                                          |                                                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 46539.20 |                                                          |                                                                               |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                          | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |                                                                               |
| Mailing Address P. O. Box 172                                                                                                                 |                                          | <b>Transaction ID : SA11D.11379</b>                      |                                                                               |
| City<br>St. Cloud                                                                                                                             | State<br>FL                              | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>_____ 15.42<br>In-kind - Transportation |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                          |                                                          |                                                                               |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate                  |                                                          |                                                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 46554.62 |                                                          |                                                                               |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                          | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |                                                                               |
| Mailing Address P. O. Box 172                                                                                                                 |                                          | <b>Transaction ID : SA11D.11383</b>                      |                                                                               |
| City<br>St. Cloud                                                                                                                             | State<br>FL                              | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>_____ 6.12<br>In-kind - Transportation  |
| FEC ID number of contributing federal political committee.<br>C H4FL09083                                                                     |                                          |                                                          |                                                                               |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate                  |                                                          |                                                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 46560.74 |                                                          |                                                                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                          | _____ 36.98                                              |                                                                               |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                          | _____                                                    |                                                                               |

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

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

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(check only one)

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12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

|                                                                                                                                               |                                    |                                                          |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|---------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014 |                                             |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11392</b>                      |                                             |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>95.20 |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4FL09083                                                              |                                    | In-kind - Transportation                                 |                                             |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                             |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>46655.94 |                                                          |                                             |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Carol Platt</b>                                                                       |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 27 / 2014 |                                             |
| Mailing Address P. O. Box 172                                                                                                                 |                                    | <b>Transaction ID : SA11D.11396</b>                      |                                             |
| City<br>St. Cloud                                                                                                                             | State<br>FL                        | Zip Code<br>34772                                        | Amount of Each Receipt this Period<br>26.43 |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4FL09083                                                              |                                    | In-kind - Transportation                                 |                                             |
| Name of Employer<br>n/a                                                                                                                       | Occupation<br>candidate            |                                                          |                                             |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>46682.37 |                                                          |                                             |
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                                             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y                   |                                             |
| Mailing Address                                                                                                                               |                                    |                                                          |                                             |
| City                                                                                                                                          | State                              | Zip Code                                                 | Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                    |                                                          |                                             |
| Name of Employer                                                                                                                              | Occupation                         |                                                          |                                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Election Cycle-to-Date             |                                                          |                                             |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                    | 121.63                                                   |                                             |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                    | 14896.63                                                 |                                             |

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Jennifer Ashton**

Mailing Address 1365 Hawthorne Cove Drive

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Ocoee | FL    | 34761    |

Purpose of Disbursement  
Database Management

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 04  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 770.00 |
|--------|

Transaction ID : SB17.10005

**B. B & B Promotions of Central Florida, LLC**

Mailing Address 4423 Albritton Road

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 15  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 653.15 |
|--------|

Transaction ID : SB17.10035

**c. Suzie Berlinsky**

Mailing Address 4775 Canoe Creek Rd

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
Fundraising Consilting

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 05  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 461.00 |
|--------|

Transaction ID : SB17.11410

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

1884.15

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. BJ's Restaurant And Brewery**

Mailing Address 2421 W Osceola Pkwy

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34741    |

Purpose of Disbursement  
Food and Beverage

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Transaction ID : SB17.11415

[MEMO ITEM]

**B. Black Pearl Cab**

Mailing Address 913 Franklin St NE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20017    |

Purpose of Disbursement  
Transportation

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

Amount of Each Disbursement this Period

|      |
|------|
| 6.12 |
|------|

Transaction ID : SB17.11388

[MEMO ITEM]

**c. Capitol Caging Corporation**

Mailing Address 504 Shaw Road

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Sterling | VA    | 20166    |

Purpose of Disbursement  
Caging Services

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 748.00 |
|--------|

Transaction ID : SB17.10081

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

748.00

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

PAGE 24 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Capitol Caging Corporation**

Mailing Address 504 Shaw Road

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Sterling | VA    | 20166    |

Purpose of Disbursement  
Caging Services

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 10  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 291.24 |
|--------|

Transaction ID : SB17.10082

**B. Capitol Caging Corporation**

Mailing Address 504 Shaw Road

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Sterling | VA    | 20166    |

Purpose of Disbursement  
Caging Services

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 05  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 575.21 |
|--------|

Transaction ID : SB17.11222

**C. Century Data Systems**

Mailing Address 4095 River Forth Dr

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Direct Mail

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 17836.46 |
|----------|

Transaction ID : SB17.10079

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

18702.91

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

PAGE 25 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Century Data Systems**

Mailing Address 4095 River Forth Dr

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Direct Mail

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 13371.66 |
|----------|

Transaction ID : SB17.10080

**B. Century Data Systems**

Mailing Address 4095 River Forth Dr

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Direct Mail

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 29  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 777.19 |
|--------|

Transaction ID : SB17.11219

**c. Data Targeting, Inc.**

Mailing Address 6211 NW 132nd Street

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Gainesville | FL    | 32653    |

Purpose of Disbursement  
Printing and Design

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 675.30 |
|--------|

Transaction ID : SB17.11306

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

14824.15

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

PAGE 26 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Thomas C. Datwyler**

Mailing Address 3365 Cherry Lane, #D

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Woodbury | MN    | 55129    |

Purpose of Disbursement  
Accounting and Reporting

Candidate Name

Carol Platt for Congress

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 11  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB17.10027

**B. Elephant and Castle**Mailing Address 50 Congress Street  
Ste. 1020

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Boston | MA    | 02109    |

Purpose of Disbursement  
Transportation

Candidate Name

Carol Platt for Congress

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 95.20 |
|-------|

Transaction ID : SB17.11394

[MEMO ITEM]

**c. FedEx**

Mailing Address 1210 12th Street

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34769    |

Purpose of Disbursement  
Postage

Candidate Name

Carol Platt for Congress

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 44.10 |
|-------|

Transaction ID : SB17.11269

[MEMO ITEM]

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

1000.00

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 30.17 |
|-------|

Transaction ID : SB17.10078

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 07  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.75 |
|-------|

Transaction ID : SB17.10077

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 23  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 327.74 |
|--------|

Transaction ID : SB17.10076

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

387.66

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 06  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 265.91 |
|--------|

Transaction ID : SB17.11218

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 04  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 50.79 |
|-------|

Transaction ID : SB17.11221

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22030    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 264.58 |
|--------|

Transaction ID : SB17.11224

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

581.28

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Florida Division of Elections**Mailing Address 500 South Bronough Street  
Room 316

City Tallahassee State FL Zip Code 32399

Purpose of Disbursement  
Election Filing Fee

001

Category/  
Type

Candidate Name

Carol Platt for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 05  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 10440.00 |
|----------|

Transaction ID : SB17.11270

**B. Google.com**

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Website

001

Category/  
Type

Candidate Name

Carol Platt for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 04  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 30.00 |
|-------|

Transaction ID : SB17.11301

**c. Harland Clarke**

Mailing Address 10931 Laureate Drive

City San Antonio State TX Zip Code 78249

Purpose of Disbursement  
Checks

001

Category/  
Type

Candidate Name

Carol Platt for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 06  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 85.78 |
|-------|

Transaction ID : SB17.11273

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

10555.78

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

PAGE 30 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Hitch Cab Company**

Mailing Address 2041 Martin Luther King Jr Avenue

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20020    |

Purpose of Disbursement  
Transportation

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 27.76 |
|-------|

Transaction ID : SB17.11353

[MEMO ITEM]

**B. Hitch Cab Company**

Mailing Address 2041 Martin Luther King Jr Avenue

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20020    |

Purpose of Disbursement  
Transportation

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 15.44 |
|-------|

Transaction ID : SB17.11378

[MEMO ITEM]

**C. Hitch Cab Company**

Mailing Address 2041 Martin Luther King Jr Avenue

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20020    |

Purpose of Disbursement  
Transportation

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 27  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 26.43 |
|-------|

Transaction ID : SB17.11398

[MEMO ITEM]

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

|      |
|------|
| 0.00 |
|------|

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

PAGE 31 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Wendi Jeannin**

Mailing Address 4423 Albritton Road

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Food and Beverage

Candidate Name

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

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Transaction ID : SB17.11414

**B. Karma Sign**

Mailing Address P. O. Box 421799

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34742    |

Purpose of Disbursement  
Signs and Banner

Candidate Name

Carol Platt for Congress

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

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 213.49 |
|--------|

Transaction ID : SB17.11366

[MEMO ITEM]

**C. Kissimmee Sports Arena**

Mailing Address 958 S Hoagland Blvd

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34741    |

Purpose of Disbursement  
Advertising

Candidate Name

Carol Platt for Congress

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

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1250.00 |
|---------|

Transaction ID : SB17.11418

[MEMO ITEM]

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

|        |
|--------|
| 300.00 |
|--------|

|  |
|--|
|  |
|--|

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

PAGE 32 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Lincoln Plaza Parking Garage**

Mailing Address 37 West South Street

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Orlando | FL    | 32801    |

Purpose of Disbursement  
Parking

001

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 17  |   | 2014    |

Amount of Each Disbursement this Period

|      |
|------|
| 9.00 |
|------|

Transaction ID : SB17.10038

**B. Shane Maloy**

Mailing Address 4875 Gabriella Lane

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Oviedo | FL    | 32765    |

Purpose of Disbursement  
campaign management-candidate inkind

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB17.11666

[MEMO ITEM]

**C. Marriott**

Mailing Address 11801 High Tech Ave

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Orlando | FL    | 32817    |

Purpose of Disbursement  
Lodging

001

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 19  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 887.57 |
|--------|

Transaction ID : SB17.11391

[MEMO ITEM]

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

|      |
|------|
| 9.00 |
|------|

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

PAGE 33 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Marriott**

Mailing Address 11801 High Tech Ave

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 23  | 2014    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Orlando | FL    | 32817    |

Purpose of Disbursement  
Lodging

001

Amount of Each Disbursement this Period

|        |
|--------|
| 468.64 |
|--------|

Transaction ID : SB17.11305

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. OneBox**

Mailing Address 6922 Hollywood Blvd

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04  | 13  | 2014    |

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Los Angeles | CA    | 90028    |

Purpose of Disbursement  
Phones

001

Amount of Each Disbursement this Period

|       |
|-------|
| 49.95 |
|-------|

Transaction ID : SB17.10028

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**C. OneBox**

Mailing Address 6922 Hollywood Blvd

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 10  | 2014    |

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Los Angeles | CA    | 90028    |

Purpose of Disbursement  
Phones

001

Amount of Each Disbursement this Period

|       |
|-------|
| 49.95 |
|-------|

Transaction ID : SB17.11274

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

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

568.54

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

PAGE 34 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. OneBox**

Mailing Address 6922 Hollywood Blvd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 10  |   | 2014    |

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Los Angeles | CA    | 90028    |

Amount of Each Disbursement this Period

|       |
|-------|
| 49.95 |
|-------|

Purpose of Disbursement  
Phones

001

Transaction ID : SB17.11297

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Oscala County Republican Executive Committee**

Mailing Address 2108 Kissimmee Bay Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 06  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34744    |

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Purpose of Disbursement  
Sign and Table

001

Transaction ID : SB17.11358

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Pici & Pici Inc.**

Mailing Address 2775 Cabernet Circle

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 02  |   | 2014    |

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Ocoee | FL    | 34761    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1250.00 |
|---------|

Purpose of Disbursement  
Speech Writing

001

Transaction ID : SB17.10031

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

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

49.95

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

PAGE 35 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Pici & Pici Inc.**

Mailing Address 2775 Cabernet Circle

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 28  |   | 2014    |

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Ocoee | FL    | 34761    |

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
Speech Writing

001

Transaction ID : SB17.10069

Candidate Name

Carol Platt for Congress

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 02  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1250.00 |
|---------|

Purpose of Disbursement  
In-kind - Speech WritingCategory/  
Type

Transaction ID : SB17.10030

Candidate Name

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

Full Name (Last, First, Middle Initial)

**c. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 13  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Amount of Each Disbursement this Period

|       |
|-------|
| 44.10 |
|-------|

Purpose of Disbursement  
In-kind - PostageCategory/  
Type

Transaction ID : SB17.11266

Candidate Name

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

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

1544.10

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

PAGE 36 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 02  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Lodging

Amount of Each Disbursement this Period

|        |
|--------|
| 148.55 |
|--------|

Transaction ID : SB17.11369

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 18  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Lodging

Amount of Each Disbursement this Period

|        |
|--------|
| 641.55 |
|--------|

Transaction ID : SB17.11373

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 01  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - campaign management

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB17.11665

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

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

2790.10

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

PAGE 37 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 06  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Table and Sign

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Transaction ID : SB17.11357

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 10  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Campaign Booth

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Transaction ID : SB17.11361

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 13  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Signs and Banners

Amount of Each Disbursement this Period

|        |
|--------|
| 213.49 |
|--------|

Transaction ID : SB17.11365

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

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

663.49

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

PAGE 38 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 19  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Lodging

Amount of Each Disbursement this Period

|        |
|--------|
| 887.57 |
|--------|

Transaction ID : SB17.11390

Candidate Name

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 25  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Airfare

Amount of Each Disbursement this Period

|         |
|---------|
| 1075.00 |
|---------|

Transaction ID : SB17.11349

Candidate Name

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Transportation

Amount of Each Disbursement this Period

|       |
|-------|
| 27.76 |
|-------|

Transaction ID : SB17.11352

Candidate Name

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

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

1990.33

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

PAGE 39 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Transportation

Amount of Each Disbursement this Period

|       |
|-------|
| 15.44 |
|-------|

Transaction ID : SB17.11377

Candidate Name

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Transportation

Amount of Each Disbursement this Period

|       |
|-------|
| 15.42 |
|-------|

Transaction ID : SB17.11380

Candidate Name

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Transportation

Amount of Each Disbursement this Period

|      |
|------|
| 6.12 |
|------|

Transaction ID : SB17.11384

Candidate Name

Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" 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: FL District: 09

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

|       |
|-------|
| 36.98 |
|-------|

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

PAGE 40 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Transportation

Amount of Each Disbursement this Period

|       |
|-------|
| 95.20 |
|-------|

Transaction ID : SB17.11393

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Carol Platt**

Mailing Address P. O. Box 172

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 27  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34772    |

Purpose of Disbursement  
In-kind - Transportation

Amount of Each Disbursement this Period

|       |
|-------|
| 26.43 |
|-------|

Transaction ID : SB17.11397

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Reflections Photo**

Mailing Address 5407 Scoggins Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 09  |   | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Fort Worth | TX    | 76114    |

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

|       |
|-------|
| 29.99 |
|-------|

Transaction ID : SB17.10033

Candidate Name

Category/  
Type

|                |                                                                                                                    |                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
|----------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

State: FL District: 09

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

151.62

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

PAGE 41 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Silver Spurs**

Mailing Address 1875 Silver Spur Lane

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 29  | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34744    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement  
Banner

001

Transaction ID : SB17.11275

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Simpkins Escrow LLC**

Mailing Address 29243 St. Just Drive

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04  | 10  | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Unionville | VA    | 22567    |

Amount of Each Disbursement this Period

|        |
|--------|
| 228.56 |
|--------|

Purpose of Disbursement  
Direct Mail

001

Transaction ID : SB17.10083

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**c. Simpkins Escrow LLC**

Mailing Address 29243 St. Just Drive

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 29  | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Unionville | VA    | 22567    |

Amount of Each Disbursement this Period

|        |
|--------|
| 605.95 |
|--------|

Purpose of Disbursement  
Direct Mail

001

Transaction ID : SB17.11220

Candidate Name

Carol Platt for Congress

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

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

2834.51

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

PAGE 42 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Simpkins Escrow LLC**

Mailing Address 29243 St. Just Drive

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Unionville | VA    | 22567    |

Purpose of Disbursement  
Direct Mail

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 05  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 99.50 |
|-------|

Transaction ID : SB17.11223

**B. SMG**

Mailing Address 1875 Silver Spur Lane

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34744    |

Purpose of Disbursement  
Catering

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 11  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 252.47 |
|--------|

Transaction ID : SB17.11303

**c. St. Cloud Chamber of Commerce**

Mailing Address 1200 New York Avenue

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| St. Cloud | FL    | 34769    |

Purpose of Disbursement  
Campaign Booth

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 10  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Transaction ID : SB17.11362

[MEMO ITEM]

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

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

351.97

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

PAGE 43 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 101 West Vine St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 11  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34741    |

Amount of Each Disbursement this Period

|       |
|-------|
| 23.18 |
|-------|

Purpose of Disbursement  
Office Supplies

001

Transaction ID : SB17.11298

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 101 West Vine St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34741    |

Amount of Each Disbursement this Period

|       |
|-------|
| 33.38 |
|-------|

Purpose of Disbursement  
Office Supplies

001

Transaction ID : SB17.11300

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**c. Gary Suhl**

Mailing Address 958 S. Hoagland Blvd.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 01  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34741    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1250.00 |
|---------|

Purpose of Disbursement  
In-kind - AdvertisingCategory/  
Type

Transaction ID : SB17.11417

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

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

1306.56

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

PAGE 44 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Tesfit Kiflu**

Mailing Address 45 Q St SW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20024    |

Purpose of Disbursement  
Transportation

001

Amount of Each Disbursement this Period

|       |
|-------|
| 15.42 |
|-------|

Transaction ID : SB17.11381

[MEMO ITEM]

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. The Prosper Group**

Mailing Address 435 East Main Street, #250

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 08  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Greenwood | IN    | 46143    |

Purpose of Disbursement  
Website

001

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB17.11309

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**c. The Prosper Group**

Mailing Address 435 East Main Street, #250

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 06  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Greenwood | IN    | 46143    |

Purpose of Disbursement  
Website

001

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Transaction ID : SB17.11312

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

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

6000.00

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

PAGE 45 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. The Prosper Group**

Mailing Address 435 East Main Street, #250

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 06  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Greenwood | IN    | 46143    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Purpose of Disbursement  
Website

001

Transaction ID : SB17.11313

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. TownePlace Marriott**

Mailing Address 1876 Capital Cir Ne

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 02  |   | 2014    |

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Tallahassee | FL    | 32308    |

Amount of Each Disbursement this Period

|        |
|--------|
| 148.55 |
|--------|

Purpose of Disbursement  
Lodging

001

Transaction ID : SB17.11370

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**C. Transxt**

Mailing Address 190 Monroe Avenue, N.W., #500

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 28  |   | 2014    |

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Grand Rapids | MI    | 49503    |

Amount of Each Disbursement this Period

|       |
|-------|
| 60.74 |
|-------|

Purpose of Disbursement  
Credit Card Fees

001

Transaction ID : SB17.10075

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

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

4060.74

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

PAGE 46 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Transact**

Mailing Address 190 Monroe Avenue, N.W., #500

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2014    |

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Grand Rapids | MI    | 49503    |

Purpose of Disbursement  
Credit Card Fees

001

Amount of Each Disbursement this Period

|      |
|------|
| 6.74 |
|------|

Transaction ID : SB17.11227

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. Transact**

Mailing Address 190 Monroe Avenue, N.W., #500

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2014    |

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Grand Rapids | MI    | 49503    |

Purpose of Disbursement  
Credit Card Fees

001

Amount of Each Disbursement this Period

|       |
|-------|
| 18.82 |
|-------|

Transaction ID : SB17.11228

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**c. US Airway**

Mailing Address 4000 E. SKy Harbor Blvd.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 25  |   | 2014    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Phoenix | AZ    | 85034    |

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

|         |
|---------|
| 1075.00 |
|---------|

Transaction ID : SB17.11350

[MEMO ITEM]

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

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

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

25.56

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

PAGE 47 OF 49

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Waterstone Resort & Marina**

Mailing Address 999 East Camino Real

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Boca Raton | FL    | 33432    |

Purpose of Disbursement  
Lodging

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 18  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 641.55 |
|--------|

Transaction ID : SB17.11374

[MEMO ITEM]

**B. Wells Fargo**

Mailing Address 1222 East Vine Street

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Kissimmee | FL    | 34744    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Carol Platt for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 14.00 |
|-------|

Transaction ID : SB17.11308

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|       |
|-------|
| 14.00 |
|-------|

|          |
|----------|
| 71381.38 |
|----------|

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

PAGE 48 OF 49

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

NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

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

**Creative Direct**Nature of Debt (Purpose):  
Printing

Mailing Address 25 E. Main Street

City State

Zip Code

Richmond

VA

23219

Outstanding Balance Beginning This Period

10670.00

Transaction ID : SD10.7449

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10670.00

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

**Thomas C. Datwyler**Nature of Debt (Purpose):  
accounting & reporting

Mailing Address 3365 Cherry Lane, #D

City State

Zip Code

Woodbury

MN

55129

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11226

Amount Incurred This Period

2445.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

2445.30

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

**OnPoint National Research**Nature of Debt (Purpose):  
Campaign ConsultingMailing Address 2910 Kerry Forest Parkway  
#D4-166

City

State

Zip Code

Tallahassee

FL

32309

Outstanding Balance Beginning This Period

11450.00

Transaction ID : SD10.7448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11450.00

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

24565.30

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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

PAGE 49 OF 49

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

NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

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

**The Prosper Group**Nature of Debt (Purpose):  
Website

Mailing Address 435 East Main Street, #250

City State

Zip Code

Greenwood

IN

46143

Outstanding Balance Beginning This Period

15258.05

Transaction ID : SD10.7447

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

5258.05

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

5258.05

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

29823.35

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

0.00

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

29823.35