FEC FORM 3	AND DI	T OF RE SBURSE Authorized Con	MENTS	Office	RECEIVED C MAIL CENTER
1. NAME OF COMMITTEE (in	TYPE OR PRIN full)		xample: If typing, type ver the lines.	12FE4M5	
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ADDRESS (number an	ferent		$\frac{ \mathbf{n} \mathbf{B}_{1} \mathbf{v}_{1} \mathbf{d}_{1}}{ \mathbf{v}_{1} \mathbf{d}_{1} }$		
reported. (A	ACC) MAJAN	ryktiown	<u>, </u>	FC BY	6 0 4 -
2. FEC IDENTIFIC	CATION NUMBER V		<u> </u>		ZIP CODE ▲ STATE ▼ DISTRICT
C0.05	43009	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
(a) Quarterly R	PORT (Choose One) eports: 5 Quarterly Report (Q1) 6 Quarterly Report (Q2)	(b) 12-Day PR	E-Election Report for th Primary (12P) Convention (12C)	le: General (12G)	Runoff (12R)
677 1677	r 15 Quarterly Report (Q3)	Election or			in the State of
January	y 31 Year-End Report (YE)	{	ST-Election Report for	the:	
(X=3)	·		General (30G)	Runoff (30R)	Special (30S)
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5. Covering Period	671	/ 12-0-1-5	through	A ' 33 ' 2	0); 3
I certify that I have a Type or Print Name	examined this Report and t of Treasurer MaH	1 C	nowledge and belief it KenDers	is true, correct and con	nplete.
Signature of Treasure	er MA	Africa	leaby_	Date	3.015
	false, erroneous, or incomp	lete Information may	subject the person sign	ing this Report to the pe	natties of 2 U.S.C. §437g.
FE5AN018					EC FORM 3 (Revised 02/2003)

A.

Γ	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	Page 2
	rite or Type Committee Name Math For Congress	FL-11	
R			0313012015
_		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))		1,59,2.1.6
	(b) Total Contribution Refunds (from Line 20(d))	0.00	<u> </u>
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3.2.6.4.7	1,592,16
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	3.3.6.4.9	1,20.6.55
•	(b) Total Offsets to Operating Expenditures (from Line 14)	0,00	0.0.0
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	,336.49	1,206.55
8.	Cash on Hand at Close of Reporting Period (from Line 27)		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	-
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
-	· · · · · · · · · · · · · · · · · · ·		

For further information contact:

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

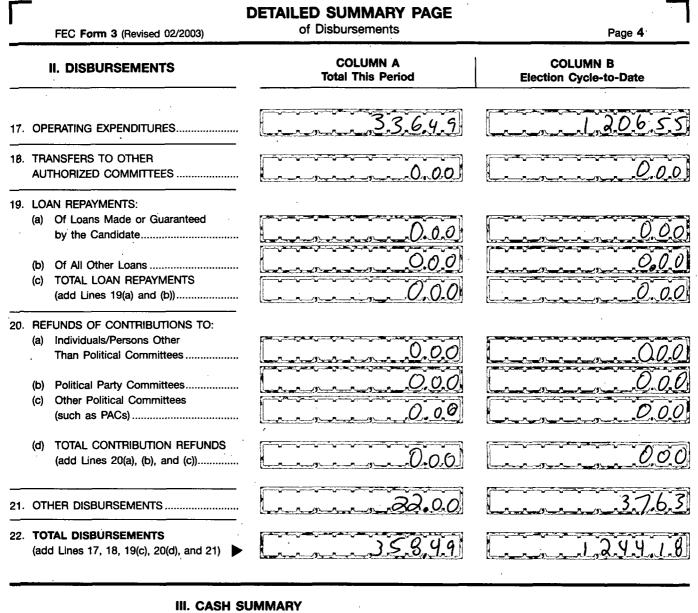
> Toll Free 800-424-9530 Local 202-694-1100

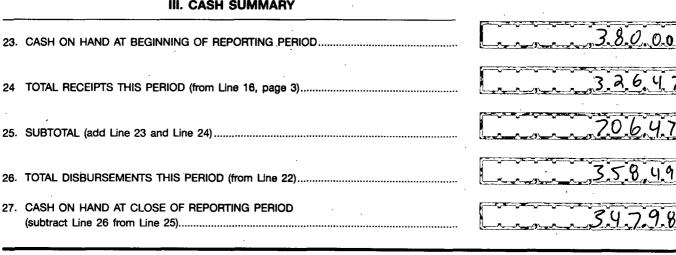
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DETAILED SUMMARY PAGE FEC Form 3 (Revised 12/2003) of Receipts Page 3							
Write or Type Committee Name							
Report Covering the Period: From:	Ž'OI' QOIS TO	09 130 12015					
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date					
11. CONTRIBUTIONS (other than loans) FROM:							
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	1.33.0.0	65600					
(ii) Unitemized (iii) TOTAL of contributions	175.00	29,200					
from individuals	0.00	0.00					
(c) Other Political Committees (such as PACs)	0.00	0.00					
 (d) The Candidate (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) 	3.26.47	<u> </u>					
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	D.0.0	0,0,0					
 13. LOANS: (a) Made or Guaranteed by the Candidate 	0.0.0	0.0.0					
 (b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b)) 		0.00					
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	000	0.00					
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00					
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	326.47	1.5.9.2.1.6					

FE5AN018





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FE5AN018

FOR LINE NUMBER: PAGE OF 2 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the (| 11a **ITEMIZED RECEIPTS** 11b 110 11d **Detailed Summary Page** 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 0 uns <u>ress</u> or First, Middle Initial) (Last, Full 620rge ROOV Date of Receipt Α. Mailing Address 07 18 2015 49 16 State Zip Code City rne FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. 25,00 Name of Employer Occupation (edircol Receipt For: Election Cycle-to-Date Primary General 3500 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Kollins 1 đ Kana Β. Mailing Add 2293 H Terrace, State 0718 20 18 Citv Zlp Code FI 3nD P FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation Achini Receipt For: Election Cycle-to-Date Primary General 50,00. Other (specify) , Full Name (Last, First, Middle Initial) Date of Receipt ebout benge C. Mailing Address 08 13 2015 31<u>vd</u> Cit State Zip Çode 7 293 urne FEC ID number of contributing С federal political committee. Amount of Each Receipt this Period 25.00 Name of Employer Occupation ctirch Receipt For: Election Cycle-to-Date Primary General 60,00 Other (specify) 5 10000 SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)

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	City Hull			
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF 3 (check only one)
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NAME OF COMMITTEE (In Full) MGH For Congr	ess FL-11	
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		07 / 21 / 2015
106 Dril Ave #1720 City D State	Zlp Code	Amount of Each Disbursement this Period
San Viego, CA Purpose of Disbursement	92101	
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Candidate Name	Category Type	
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State: District: Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	
B. Go Fund Me.com	·····	
Mailing Address 1010 Ind Ave #1776		08 13 2015
San Dipan	Zip Code GL/01	Amount of Each Disbursement this Period
Purpose of Disbursement		J
Candidate Name	Category Type	
Office Sought: House Disbursement For Senate Primary	· _	
State: District: Other (s	specify)	· .
Full Name (Last, First, Middle Initial)		Date of Disbursement
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any address of any political commit	FOR LINE NUMBER: PAGE 2 OF 3 (check only one) 17 18 19a 19b 20a 20b 20c 21 y person for the purpose of soliciting contributions
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City State Browks ville FC Purpose of Disbursement Candidate Name	Zip Code 3 46 13 0 0 6 Category Type	
Office Sought: House Disbursement For Senate President Other (s State: District: Full Name (Last, First, Middle Initial)	: General	
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Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·						
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Candidate Name	Category. Type						
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С.		Date of Disbursement					
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Purpose of Disbursement	<u> </u>	
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President Other	r (specify)	
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Mailing Address City State Purpose of Disbursement	Category Type	Amount of Each Disbursement this Period
Mailing Address City State Purpose of Disbursement Candidate Name Office Sought: House Disbursement finance Prima President Other	Category Type	Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a X 19b 20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by any	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
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Full Name (Last, First, Middle Initial)		Date of Disbursement
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Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·
Candidate Name	Category Type	/
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B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
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Candidate Name	Category Type	/
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City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Categor Type	41
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City State	Zlp Code	Amount of Each Disbursement this Period
Purpose of Disbursement		 ₽ - ¹¹ - 9
Candidate Name	Category Type	
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Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
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Candidate Name	Category Type	11
State: District: Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		9 - 1
Candidate Name	Category Type	// ·
Office Sought: House Disbursement Fc Senate Primary President Other (_	
Full Name (Last, First, Middle Initial)		Date of Disbursement
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Purpose of Disbursement		
Candidate Name	Category Type	
Office Sought: House Disbursement Formation Senate Primary President Other (or.	
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TOTAL This Period (last page this line number only)		, , 0.00

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		(FEC Form 3) BURSEMENTS	for eac	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19t 20a 20b 20c 21
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A .	Full Name (Last, F	First, Middle Initial)			Date of Disbursement
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-	State:	District:			
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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each catego Detailed Summa itements may not be sold or	ry of the ary Page used by any	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19b 20a 20b 20c 21 person for the purpose of soliciting contributions
or	NAME OF COMMITTEE (In Full)	hame and address of any po FL - 1	litical committ	ee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			
	City	State Zip Code	-	Amount of Each Disbursement this Period
	Purpose of Disbursement			<u> </u>
	Candidate Name	· · · · · · · · · · · · · · · · · · ·	Category/ Type	
	Office Sought: House Disburs Senate President State: District:	erment For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			
В.	······			
	Mailing Address			
	City	State Zip Code		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	
	Senate President	sement For: Primary General Other (specify)	· · · · · ·	
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	Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·		la de la construcción de la constru La construcción de la construcción d
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	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	1	
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SCHEDULE C (FEC	Form 3)		Use separate schedule(s) FOR LINE	PAGE / OF /
.OANS	· .		for each category of the Detailed Summary Page (check onl	y one) X 13a 13b
NAME OF COMMITTEE (In F	or Longre		(/	
LOAN SOURCE Full Na	me (Last, First, Middle In	nitial)	Election: Primary General	•
Mailing Address			Other (spec	łfy) ▼
City	State	ZIP Co	de	
Original Amount of Loan		nulative Payment To		
TERMS Date Incur M M M / D D / D	Y Y Y Y Y Y	Date Due	interest Rate	Secured:
List All Endorsers or Gu 1. Full Name (Last, First		in Source	Name of Employer	· .
Mailing Address	<u> </u>		Occupation	, <u> </u>
City	State ZIF	° Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address	· .		Occupation	
City	State ZIF	² Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address		-	Occupation	
City	State ZIF	^o Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First,	Middle Initial)	•	Name of Employer	<u>. </u>
Mailing Address			Occupation	
City	State ZIF	' Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period Tr TOTALS This Period (last pa	· · · · · · · · · · · · · · · · · · ·	· · · ·		<u>, 0.00</u>
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SCHEDULE C (FEC Form 3)	Use separate schedule(s) FOR LINE NUMBER:	
OANS	Detailed Summary Page	3a 3b
NAME OF COMMITTEE (IN Full) MgH FOr Congress FL.	- 1/	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
	General	
Mailing Address	Other (specify) ▼	
City State ZIP Co	ode	
Original Amount of Loan Cumulative Payment To		
	<u>a a contractor de la c</u>	
TERMS Date Incurred Date Due		
M·M / D·D / V··V··V / M·M / D·D / V	% (apr)] No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		0
TOTALS This Period (last page in this line only)		0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summa	ry.

2015-10-05-03-00023907

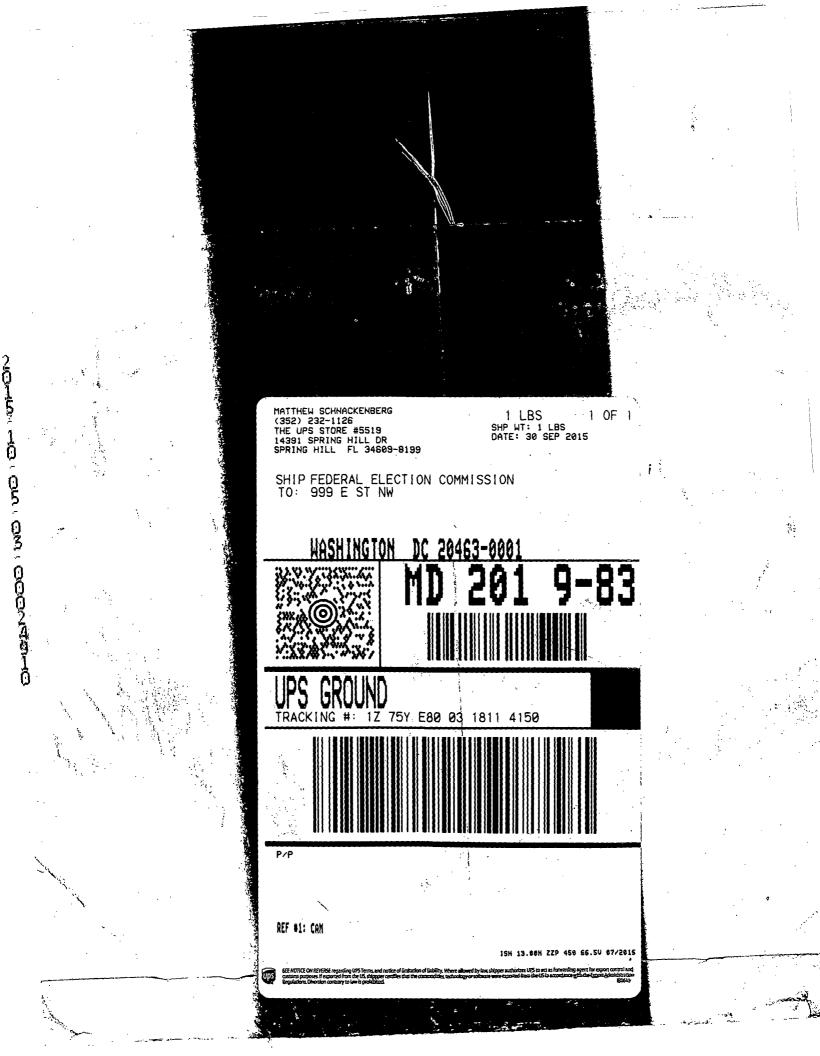
SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS	(Use separate schedule(s)	PAGE / OF / FOR LINE NUMBER: (check only one)
Excluding Loans	for each numbered line)	
Matter (in full) Matter Congress FL-11	· · · · · · · · · · · · · · · · · · ·	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Malling Address City State Zip Code		
City State Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period		ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):
B. Full Name (Last, First, Middle Initial) of Debtor of Creditor		ebi (ruipose).
Malling Address		
City State Zip Code		
Outstanding Balance Beginning This Perlod	· · · · · · · · · · · · · · · · · · ·	
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):
Mailing Address	·	
City State Zip Code	·····	
Outstanding Balance Beginning This Period	Outstandi	ng Balance at Close of This Period
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2) TOTALS This Period (last page this line number only) 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.0.0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	only) ►	

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SCHEDULE D (FEC Form 3) (Use separate scheduleg) (Det Pott (Purpose): DEBTS AND OBLIGATIONS inumber of committing of Full (Det Number of Committing of Full) NMME OF COMMITTE (in Full) Mailing Address Full Name (Last, First, Middle Initia) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance at Close of This Period B. Full Name (Last, First, Middle Initia) of Debtor or Creditor Nature of Debt (Purpose): Outstanding Balance at Close of This Period Mailing Address City State Zip Code Outstanding Balance at Close of This Period City State Zip Code Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period City State Zip Code Outstanding Balance at Close of This Period City State Zip Code Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initia) of Debtor or Creditor Nature of Debt (Purpose): Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initia) of Debtor or Creditor Nature of Debt (Purpose): Nature of Deb	DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER:
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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