

To whom it may concern at the Federal Elections Commission,

We had a slight discrepancy when we closed our bank account for the campaign. We have included a copy of the check on this page for your reference. This check in the amount of \$9.34 is being contributed to Ban The Cams Political Action Committee. It is a cashier's check. We called and spoke with an agent and this is how they instructed us to complete the paperwork.

Thank you for your time. If you have any questions, please contact us.

Sincerely,

Zechariah Blanchard

REGIONAL FINANCIAL SERVICES

RECEIVED
2014 JUL 21 AM 10:35
FEC MAIL CENTER

Zechariah Blanchard Committee to Elect



CASHIER'S CHECK

05/28/2014



Zechariah Blanchard Committee to Elect / closed acct.

Purchaser / Purchased For

NINE DOLLARS AND 34 CENTS

PAY TO THE ORDER OF: Zechariah Blanchard Committee to Elect

\$9.34



Regions Bank

Authorized Signature

Branch FL00315
CC315100



FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 JUL 21 AM 10:35 REC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ZACHARIAH BLANCHARD COMMITTEE TO ELECT

ADDRESS (number and street)

PO BOX 4504

Check if different than previously reported. (ACC)

WINTER PARK FL 32793

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE STATE DISTRICT

C00557942

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

FL 07

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)

X 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

04/01/2014 through 06/30/2014

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 ANDREW AUGUST

Signature of Treasurer

[Handwritten Signature]

Date

05/17/2014

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

Write or Type Committee Name

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Report Covering the Period:

From:

04 ' 09 ' 2014

To:

06 ' 30 ' 2014

	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))....	500 ⁰⁰	1400 ⁰⁰
(b) Total Contribution Refunds (from Line 20(d)).....	0 ⁰⁰	0 ⁰⁰
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	500 ⁰⁰	1400 ⁰⁰
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	90019	149312
(b) Total Offsets to Operating Expenditures (from Line 14).....	0 ⁰⁰	0 ⁰⁰
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	90019	149312
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0 ⁰⁰	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0 ⁰⁰	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0 ⁰⁰	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	90014	149312
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	000	000
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	000	000
(b) Of All Other Loans	000	000
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	000	000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs)	000	000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	000	000
21. OTHER DISBURSEMENTS	000	000
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	90014	149312

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40014
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50000
25. SUBTOTAL (add Line 23 and Line 24).....	90014
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90014
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	000

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 3				
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

A. GHIGLIERI, ED

Full Name (Last, First, Middle Initial)

Mailing Address
1095 LAKE RODGERS CIRCLE

City **OVIEDO** State **FL** Zip Code **32765**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
09/12/2014

Amount of Each Receipt this Period
2500

B. GALLANT, ROBIN

Full Name (Last, First, Middle Initial)

Mailing Address
694 CANBY CIRCLE

City **OCOE** State **FL** Zip Code **34761**

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

Name of Employer Occupation
PROVIDENCE CORP SOCIAL WORKER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
09/12/2014

Amount of Each Receipt this Period
5000

C. SMITH, RANDOLPH

Full Name (Last, First, Middle Initial)

Mailing Address
3145 LOOKOUT TRAIL

City **TALLAHASSEE** State **FL** Zip Code **32309**

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

Name of Employer Occupation
TALLAHASSEE C.C. INSTRUCTOR

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
09/19/2014

Amount of Each Receipt this Period
5000

SUBTOTAL of Receipts This Page (optional)..... **12500**

TOTAL This Period (last page this line number only)..... **5000**

2014-09-15 11:00 AM

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

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

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

A. Full Name (Last, First, Middle Initial)
AUGUST, ANGEL

Mailing Address
12489 184th Ct N

City **JUPITER** State **FL** Zip Code **33478**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
25

Date of Receipt
04 / 22 / 2014

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
SMITH, BARRY

Mailing Address
3344 PLAZA DRIVE

City **LANTANA** State **FL** Zip Code **33462**

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

Name of Employer **SELF** Occupation **TUTOR**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
10 / 23 / 2014

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **125.00**

TOTAL This Period (last page this line number only)..... **500.00**

1101104-2009-4

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<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)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial) A. ORLANDO COPIES		Date of Disbursement 04/02/2014
Mailing Address 5310 ALPHA DRIVE		Amount of Each Disbursement this Period 165.08
City ORLANDO	State FL	
Purpose of Disbursement BROCHURES		Category/ Type 006
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) B. ORLANDO COPIES		Date of Disbursement 04/09/2014
Mailing Address 5310 ALPHA DRIVE		Amount of Each Disbursement this Period 63.79
City ORLANDO	State FL	
Purpose of Disbursement BUSINESS CARDS		Category/ Type 1006
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

Full Name (Last, First, Middle Initial) C. DOUBLE TREE HOTEL		Date of Disbursement 04/07/2014
Mailing Address 10100 INTERNATIONAL DRIVE		Amount of Each Disbursement this Period 20.00
City ORLANDO	State FL	
Purpose of Disbursement PARKING (FL LIBERTY SUMMIT)		Category/ Type 002
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 07		

SUBTOTAL of Disbursements This Page (optional).....	248.87
TOTAL This Period (last page this line number only).....	900.14

1001 - 1001 - 1001

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 9

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

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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. USPS (POST OFFICE)

Date of Disbursement

04/15/2014

Mailing Address

221 DRIGGS DR.

City

WINTER PARK

State

FL

Zip Code

32793

Amount of Each Disbursement this Period

1999

Purpose of Disbursement

FEC QUARTERLY REPORT

1001

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: FL

District: 07

Full Name (Last, First, Middle Initial)

B. NORWF MONTHLY MEETING

Date of Disbursement

04/17/2014

Mailing Address

PO BOX 56

City

APOPKA

State

FL

Zip Code

32704

Amount of Each Disbursement this Period

90.00

Purpose of Disbursement

LUNCHEON

007

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: FL

District: 07

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Date of Disbursement

04/29/2014

Mailing Address

1601 WILLOW RD.

City

MENLO PARK

State

CA

Zip Code

94025

Amount of Each Disbursement this Period

1399

Purpose of Disbursement

ADVERTISING

004

Candidate Name

ZECHARIAH BLANCHARD

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: FL

District: 07

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

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

7393
90014

110001-110001-110001

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

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

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

140001-1-1-2008

Full Name (Last, First, Middle Initial) A. REGIONS		Date of Disbursement 04/30/2014
Mailing Address 2200 ALOMA AVE		Amount of Each Disbursement this Period 1000
City WINTER PARK	State FL	
Zip Code 32792		Category/ Type 001
Purpose of Disbursement BANK FEE (MONTHLY)		
Candidate Name ZECHARIAH BLANCHARD		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 07	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement 05/01/2014
Mailing Address 1801 WILLOW RD.		Amount of Each Disbursement this Period 2263
City MENLO PARK	State CA	
Zip Code 94025		Category/ Type 004
Purpose of Disbursement ADVERTISING		
Candidate Name ZECHARIAH BLANCHARD		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 07	

Full Name (Last, First, Middle Initial) C. PIRYX INC.		Date of Disbursement 04/28/2014
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 144
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (EDGHIGLIERI)		
Candidate Name ZECHARIAH BLANCHARD		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 07	

SUBTOTAL of Disbursements This Page (optional).....	3407
TOTAL This Period (last page this line number only).....	90014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement 04/18/2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 288
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (ROBIN GALLANT)		
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement 09/17/2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 288
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (RANDOLPH SMITH)		
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) C. PIRYX INC.		Date of Disbursement 04/18/2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 199
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (JULIANNE BECK)		
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

SUBTOTAL of Disbursements This Page (optional).....	702
TOTAL This Period (last page this line number only).....	90014

140001-1-100000

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement 04/18/2019
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 1150
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (FORREST SMITH)		
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement 04/12/2019
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 144
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (CODY FRONT)		
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement 04/25/2019
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 194
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type 001
Purpose of Disbursement SERVICE CHARGE (ANGEL AUGUST)		
Candidate Name ZECHARIAH BLANCHARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 07	

SUBTOTAL of Disbursements This Page (optional)	1438
TOTAL This Period (last page this line number only)	90019

14000000-1000

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

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

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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. PIRYX INC		Date of Disbursement
Mailing Address 144 2ND STREET, 1ST FLOOR		04/28/2014
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement SERVICE CHARGE (BARRY SMITH)	Amount of Each Disbursement this Period 575
Candidate Name ZECHARIAH BLANCHARD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

B. FREEDOMWORKS		Date of Disbursement
Mailing Address 400 N. CAPITAL ST. NW, SUITE 765		05/19/2014
City WASHINGTON DC State DC Zip Code 20001	Purpose of Disbursement DONATION	Amount of Each Disbursement this Period 100.00
Candidate Name ZECHARIAH BLANCHARD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 012
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

C. CAMPAIGN FOR LIBERTY		Date of Disbursement
Mailing Address 5211 PORT ROYAL ROAD, SUITE 310		05/19/2014
City SPRINGFIELD State VA Zip Code 22151	Purpose of Disbursement DONATION	Amount of Each Disbursement this Period 100.00
Candidate Name ZECHARIAH BLANCHARD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 012
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 07	

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

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

20575
90014

1400010001

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. YOUNG AMERICANS FOR LIBERTY

Mailing Address **3030 CLARENDON BLVD, SUITE 200**

City **ARLINGTON** State **VA** Zip Code **22201**

Purpose of Disbursement **DONATION**

Candidate Name **ZECHARIAH BLANCHARD**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **07**

Date of Disbursement

05/17/2014

Amount of Each Disbursement this Period

100.00

012
Category/
Type

B. BAN THE CAMS

Mailing Address **1503 PINESTREET**

City **APOPKA** State **FL** Zip Code **32703**

Purpose of Disbursement **DONATION**

Candidate Name **ZECHARIAH BLANCHARD**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **07**

Date of Disbursement

05/17/2014

Amount of Each Disbursement this Period

100.00

012
Category/
Type

C. CLICKS ORLANDO

Mailing Address **1455 N. SEMORIAN BLVD #291**

City **CASSELBERRY** State **FL** Zip Code **32707**

Purpose of Disbursement **MEAL EXPENSE**

Candidate Name **ZECHARIAH BLANCHARD**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **07**

Date of Disbursement

05/17/2014

Amount of Each Disbursement this Period

89.00

002
Category/
Type

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

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

208.90
900.14

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

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

FOR LINE NUMBER:
(check only one)

PAGE **9** OF **9**

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

ZECHARIAH BLANCHARD COMMITTEE TO ELECT

Full Name (Last, First, Middle Initial)

A. YOUNG AMERICANS FOR LIBERTY

Mailing Address 3030 CLARENDON BLVD, SUITE 200

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement DONATION

Candidate Name ZECHARIAH BLANCHARD

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: FL District: 07

Date of Disbursement

05/12/2014

Amount of Each Disbursement this Period

8763

012
Category/
Type

Full Name (Last, First, Middle Initial)

B.

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

Category/
Type

Full Name (Last, First, Middle Initial)

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

Category/
Type

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

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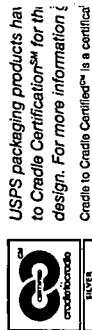
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