

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CAROL PLATT FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	85499.80	201855.37
(b) Total Contribution Refunds (from Line 20(d))	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	85499.80	200655.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	98388.55	166126.86
(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)).....	98388.55	166126.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34530.49	
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).....	37378.05	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CAROL PLATT FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	21670.00	69910.40
(ii) Unitemized	48298.82	98159.23
(iii) TOTAL of contributions from individuals	69968.82	168069.63
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	2000.00
(d) The Candidate	14530.98	31785.74
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	85499.80	201855.37
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.)	0.64	1.98
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	85500.44	201857.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	98388.55	166126.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	98388.55	167326.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	47418.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	85500.44
25. SUBTOTAL (add Line 23 and Line 24).....	132919.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98388.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34530.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES BLATCHFORD

Mailing Address 611 ANDOVER RD

City State Zip Code
NEWTOWN SQUARE PA 19073

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
500.00

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

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brenda Bronson

Mailing Address 1620 S. Lyndell Drive

City State Zip Code
Kissimmee FL 34741

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

Name of Employer Occupation
Self Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.7378

Amount of Each Receipt this Period
1000.00
Primary Contribution

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

Mailing Address 3710 Bobbin Brook Way

City State Zip Code
Tallahassee FL 32312

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
250.00

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

Transaction ID : SA11AI.7407

Amount of Each Receipt this Period
250.00
Primary Contribution

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Regina Bronson

Mailing Address 3710 Bobbin Brook Way

City Tallahassee State FL Zip Code 32312

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 **250.00**

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

Transaction ID : SA11AI.7405

Amount of Each Receipt this Period
250.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
Armandos Campos

Mailing Address 1811 Chippewa Trail

City Maitland State FL Zip Code 32751

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 **250.00**

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

Transaction ID : SA11AI.7403

Amount of Each Receipt this Period
250.00

Primary Contribution

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

Mailing Address PO Box 568821

City Orlando State FL Zip Code 32586

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.7437

Amount of Each Receipt this Period
250.00

Primary Contribution

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: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Maury Carter		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO Box 568821		Transaction ID : SA11AI.7435	
City Orlando	State FL	Zip Code 32586	Amount of Each Receipt this Period _____ 250.00 Primary Contribution
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Real Estate Broker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. GIUSEPPE CECCHI		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 1700 N MOORE ST		Transaction ID : SA11AI.9846	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. ELLOINE CLARK		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 3716 MAPLEWOOD AVE		Transaction ID : SA11AI.8852	
City DALLAS	State TX	Zip Code 75205	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3350.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ben Crosby

Mailing Address 2558 Partridge Dr

City Winter Haven State FL Zip Code 33884

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

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

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

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
200.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
BARBARA DESAUSSURE

Mailing Address 3842 BROOKDALE BLVD

City CASTRO VALLEY State CA Zip Code 94546

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : SA11AI.7492

Amount of Each Receipt this Period
250.00

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

Mailing Address 10324 Pointview Ct

City Orlando State FL Zip Code 32836

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.7154

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).....

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Duane

Mailing Address PO Box 4308

City Ocala State FL Zip Code 34478

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

Name of Employer Self-Employed Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.7257

Amount of Each Receipt this Period
2000.00

Primary Contribution

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

Mailing Address PO Box 4308

City Ocala State FL Zip Code 34478

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

Name of Employer Self Occupation Artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

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

Transaction ID : SA11AI.7423

Amount of Each Receipt this Period
1500.00

Primary Contribution

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

Mailing Address 2502 N. Rocky Point Drive #675

City Tampa State FL Zip Code 33762

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

Name of Employer Eshenbaugh Land Company Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.7388

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).....

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARTIN HARRIS

Mailing Address 41 GRANBURG CIR

City State Zip Code
SAN ANTONIO TX 78218

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

Name of Employer Occupation
SELF CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.9536

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Fred Hawkins

Mailing Address 3725 Hickory Tree Road

City State Zip Code
Saint Cloud FL 34772

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11AI.7107

Amount of Each Receipt this Period
250.00

Primary Contribution

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

Mailing Address 3622 Bocage Drive
Apt 1006

City State Zip Code
Orlando FL 32812

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
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.9232

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: (check only one)	PAGE 11 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Hodnett

Mailing Address 2518 S Gowen Street

City Orlando State FL Zip Code 32808

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

Name of Employer Self Occupation Retail

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.7364

Amount of Each Receipt this Period
250.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
William Kempfer

Mailing Address 6254 Kempfer Road

City St. Cloud State FL Zip Code 34773

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

Name of Employer Kempfer Cattle Company Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

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

Transaction ID : SA11AI.7409

Amount of Each Receipt this Period
250.00

Primary Contribution

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

Mailing Address 50 CLUB HOUSE RD

City KEY LARGO State FL Zip Code 33037

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
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.8880

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Lee

Mailing Address PO Box 2113

City Orlando State FL Zip Code 32802

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
2650.00

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

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period
2600.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
Chapman Leslie

Mailing Address 3650 N Canoe Creek Road,

City Kananville State FL Zip Code 34739

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

Name of Employer Owner Occupation Simply Yours Retail Store

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.7345

Amount of Each Receipt this Period
250.00

Primary Contribution

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

Mailing Address PO BOX 693

City CRYSTAL BEACH State FL Zip Code 34681

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.7530

Amount of Each Receipt this Period
250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cheryls McQuiston

Mailing Address 1370 Neptune Road

City State Zip Code
Kissimmee FL 34744

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.7419

Amount of Each Receipt this Period
500.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
MARY MELTZER

Mailing Address 14 EDGECOMB RD

City State Zip Code
BINGHAMTON NY 13905

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.9957

Amount of Each Receipt this Period
250.00

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

Mailing Address 34 CYCAS

City State Zip Code
KENNER LA 70065

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

Name of Employer GULF STREAM SERVICES INC Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.9821

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward Poltras

Mailing Address PO Box 568821

City Orlando State FL Zip Code 32856

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

Name of Employer Self Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7431

Amount of Each Receipt this Period
 500.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
James Poltras

Mailing Address PO Box 568821

City Orlando State FL Zip Code 32856

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

Name of Employer Self Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period
 500.00

Primary Contribution

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

Mailing Address PO Box 568821

City Orlando State FL Zip Code 32856

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

Name of Employer Self Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7433

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).....

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patricia Poltras

Mailing Address PO Box 568821

City Orlando State FL Zip Code 32856

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

Name of Employer Self Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.7427

Amount of Each Receipt this Period
500.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
JOHN RYAN

Mailing Address 200 OCEAN LANE DR APT 1002

City KEY BISCAIYNE State FL Zip Code 33149

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
 M M / D D / Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.7515

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM B SNYDER

Mailing Address 555 5TH AVE NE PH 2

City SAINT PETERSBURG State FL Zip Code 33701

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
520.00

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

Transaction ID : SA11AI.7669

Amount of Each Receipt this Period
20.00

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

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

1020.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Clarence Thacker		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 23 Adams Ave		Transaction ID : SA11AI.7413	
City Kissimmee	State FL	Zip Code 34744	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer None	Occupation Retired	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) B. MR KENT TOOMEY		Date of Receipt M M / D D / Y Y Y Y 01 / 02 / 2014	
Mailing Address 1505 REGAL COVE BLVD		Transaction ID : SA11AI.7460	
City KISSIMMEE	State FL	Zip Code 34744	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NONE	Occupation RETIRED	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. MR KENT TOOMEY		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 1505 REGAL COVE BLVD		Transaction ID : SA11AI.7361	
City KISSIMMEE	State FL	Zip Code 34744	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NONE	Occupation RETIRED	Primary Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nadine 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 Occupation
Owner Nadine Toomey Interiors

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.7255

Amount of Each Receipt this Period
100.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
Rebecca Troutman

Mailing Address 2502 Partridge Drive

City State Zip Code
Winter Haven FL 33844

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.7410

Amount of Each Receipt this Period
200.00

Primary Contribution

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

Mailing Address 2050 ROYAL PALM WAY

City State Zip Code
BOCA RATON FL 33432

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.8432

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN WILLIAMS

Mailing Address 166 W ALEXANDER PALM RD

City BOCA RATON State FL Zip Code 33432

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

Name of Employer SELF Occupation AUTO BODY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11Al.8749

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

21670.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLORIDA FARM BUREAU FEDERATION FEDPAC

Mailing Address 5700 SW 34 STREET

City Gainesville State FL Zip Code 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11C.7236

Amount of Each Receipt this Period
 500.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (TOMPAC)

Mailing Address 228 S. WASHINGTON ST.
SUITE 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00364174**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11C.7238

Amount of Each Receipt this Period
 500.00

Primary Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.4733	
City ST CLOUD State FL Zip Code 34772	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. C H4FL09083	Primary Contribution		
Name of Employer: Carol Platt For Congress Occupation: Candidate	Election Cycle-to-Date 21254.76		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7080	
City ST CLOUD State FL Zip Code 34772	Amount of Each Receipt this Period 6.00		
FEC ID number of contributing federal political committee. C H4FL09083	In-kind - Parking		
Name of Employer: Carol Platt For Congress Occupation: Candidate	Election Cycle-to-Date 21260.76		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7084	
City ST CLOUD State FL Zip Code 34772	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C H4FL09083	In-kind - Event Registration Dues		
Name of Employer: Carol Platt For Congress Occupation: Candidate	Election Cycle-to-Date 21320.76		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	4066.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7075	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 800.00	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22120.76		
		Candidate Contribution	

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7147	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 432.00	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22552.76		
		In-kind - Event Registration	

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7214	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 1600.00	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 24152.76		
		In-kind - Rent	

SUBTOTAL of Receipts This Page (optional).....	2832.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7181	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 5500.00	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 29652.76		
		Candidate Contribution	

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7232	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 1200.00	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 30852.76		
		In-kind - Event Registration	

Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address PO BOX 172		Transaction ID : SA11D.7349	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 82.98	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 30935.74		
		In-kind - Office Supplies	

SUBTOTAL of Receipts This Page (optional).....	6782.98
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL PLATT

Mailing Address PO BOX 172

City ST CLOUD State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C** H4FL09083

Name of Employer Carol Platt For Congress Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
31785.74

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

Transaction ID : SA11D.10009

Amount of Each Receipt this Period
850.00

In-kind - Event Registration

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

850.00

14530.98

**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 24 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 1200 12th Ave. South Suite 1200		Amount of Each Disbursement this Period 82.68
City Seattle State WA Zip Code 98144	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.7354 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. BaseConnect		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 1155 15th Street NW Ste 410		Amount of Each Disbursement this Period 1255.14
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.7204
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. BaseConnect		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 1155 15th Street NW Ste 410		Amount of Each Disbursement this Period 3144.15
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		Transaction ID : SB17.7206
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4399.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BaseConnect		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1155 15th Street NW Ste 410		Amount of Each Disbursement this Period 1342.62 Transaction ID : SB17.7369
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS	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. Capitol Caging Corporation		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 504 Shaw Road		Amount of Each Disbursement this Period 513.87 Transaction ID : SB17.7371
City Sterling State VA Zip Code 20166	Purpose of Disbursement Caging Services 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS	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. Century Data Systems		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 4095 River Forth Dr		Amount of Each Disbursement this Period 26592.53 Transaction ID : SB17.7213
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Direct Mail 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS	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).....	28449.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Century Data Systems		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 4095 River Forth Dr		Amount of Each Disbursement this Period 1088.50
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Direct Mail	Transaction ID : SB17.7211
Candidate Name CAROL PLATT FOR CONGRESS	Category/ Type 001	
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. Century Data Systems		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 4095 River Forth Dr		Amount of Each Disbursement this Period 13483.65
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Direct Mail	Transaction ID : SB17.7370
Candidate Name CAROL PLATT FOR CONGRESS	Category/ Type 001	
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. City of Kissimmee		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 101 Church Street		Amount of Each Disbursement this Period 432.00
City Kissimmee	State FL	
Zip Code 34741	Purpose of Disbursement Event Registration	Transaction ID : SB17.7327
Candidate Name CAROL PLATT FOR CONGRESS	Category/ Type 001	
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)	[MEMO ITEM]
State: FL District: 09		

SUBTOTAL of Disbursements This Page (optional).....	14572.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Concerned Women Political Action Committee		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address PO Box 66680		Amount of Each Disbursement this Period 60.00
City Washington	State DC	
Zip Code 20035	Purpose of Disbursement Event Registration	Transaction ID : SB17.7330
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: FL	District: 09	

Full Name (Last, First, Middle Initial) B. Consolidated Mailing Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 6015 Benjamin Rd #330		Amount of Each Disbursement this Period 7601.61
City Tampa	State FL	
Zip Code 33634	Purpose of Disbursement Direct Mailing	Transaction ID : SB17.7209
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: FL	District: 09	

Full Name (Last, First, Middle Initial) c. Consolidated Mailing Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 6015 Benjamin Rd #330		Amount of Each Disbursement this Period 8002.82
City Tampa	State FL	
Zip Code 33634	Purpose of Disbursement Direct Mail	Transaction ID : SB17.7367
Candidate Name CAROL PLATT FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: FL	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	15604.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas C Datwyler		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 53.50 Transaction ID : SB17.7090
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Expense Reimbursement Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. OfficeMax		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address 8222 Tamarack Village		Amount of Each Disbursement this Period 53.50 Transaction ID : SB17.7090.0 [MEMO ITEM]
City Woodbury State MN Zip Code 55125	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Thomas C Datwyler		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 975.00 Transaction ID : SB17.7110
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	1028.50
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas C Datwyler		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 1550.00 Transaction ID : SB17.7185
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Thomas C Datwyler		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 421.70 Transaction ID : SB17.7358
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Thomas C Datwyler		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7384
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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)	2571.70
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas C Datwyler		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 3365 Cherry LN Unit D		Amount of Each Disbursement this Period 196.10 Transaction ID : SB17.7392
City Woodbury State MN Zip Code 55129	Purpose of Disbursement Accounting and Reporting 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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. DonorBureau		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1900 North Culpeper Street		Amount of Each Disbursement this Period 625.65 Transaction ID : SB17.7207
City Arlington State VA Zip Code 22207	Purpose of Disbursement Direct Mail 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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. FedEx		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 1210 12th Street		Amount of Each Disbursement this Period 61.61 Transaction ID : SB17.7188
City St. Cloud State FL Zip Code 34769	Purpose of Disbursement Shipping 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	883.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 11325 Random Hillas Road		Amount of Each Disbursement this Period 78.33 Transaction ID : SB17.7197
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Bank Fees	
Candidate Name CAROL PLATT FOR CONGRESS		Category/Type 001
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. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 11325 Random Hillas Road		Amount of Each Disbursement this Period 65.50 Transaction ID : SB17.7198
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Bank Fees	
Candidate Name CAROL PLATT FOR CONGRESS		Category/Type 001
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. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 11325 Random Hillas Road		Amount of Each Disbursement this Period 245.49 Transaction ID : SB17.7199
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Bank Fees	
Candidate Name CAROL PLATT FOR CONGRESS		Category/Type 001
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).....	389.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 11325 Random Hillas Road		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.7200
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Bank Fees 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		Disbursement For: 2014 <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: 09		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 11325 Random Hillas Road		Amount of Each Disbursement this Period 160.05 Transaction ID : SB17.7366
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Bank Fees 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		Disbursement For: 2014 <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: 09		

Full Name (Last, First, Middle Initial) c. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 11325 Random Hillas Road		Amount of Each Disbursement this Period 397.76 Transaction ID : SB17.7446
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Bank Fees 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		Disbursement For: 2014 <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: 09		

SUBTOTAL of Disbursements This Page (optional).....	577.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. San Pedro Katherine		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 4900.00 Transaction ID : SB17.4713
City Miami State FL Zip Code 33155	Purpose of Disbursement Management Consulting 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		Disbursement For: 2014 <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: 09		

Full Name (Last, First, Middle Initial) B. San Pedro Katherine		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.7111
City Miami State FL Zip Code 33155	Purpose of Disbursement Expense Reimbursement 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		Disbursement For: 2014 <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: 09		

Full Name (Last, First, Middle Initial) C. REPUBLICAN PARTY OF FLORIDA		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 420 E. JEFFERSON STREET		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.7111.0 [MEMO ITEM]
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement Event Registration 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		Disbursement For: 2014 <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: 09		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. San Pedro Katherine		Date of Disbursement MM / DD / YYYY 02 / 02 / 2014
Mailing Address 6810 SW 45 Lane Unit D		Amount of Each Disbursement this Period 5100.00 Transaction ID : SB17.7182
City Miami	State FL Zip Code 33155	
Purpose of Disbursement Management Consulting	Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Legacy Lists, Inc.		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 1155 15th Street NW Suite 410		Amount of Each Disbursement this Period 446.19 Transaction ID : SB17.7201
City Washington	State DC Zip Code 20005	
Purpose of Disbursement List Rental	Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Legacy Lists, Inc.		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 1155 15th Street NW Suite 410		Amount of Each Disbursement this Period 2422.93 Transaction ID : SB17.7203
City Washington	State DC Zip Code 20005	
Purpose of Disbursement List Rental	Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	7969.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Legacy Lists, Inc.		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 1155 15th Street NW Suite 410		Amount of Each Disbursement this Period 5095.96 Transaction ID : SB17.7368
City Washington State DC Zip Code 20005	Purpose of Disbursement List Rental 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Library Garage		Date of Disbursement MM / DD / YYYY 01 / 04 / 2014
Mailing Address 112 E Central Ave		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.7328
City Orlando State FL Zip Code 32801	Purpose of Disbursement Parking 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Maggies List		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 6675 Weeping Willow Way		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.7311
City Tallahassee State FL Zip Code 32311	Purpose of Disbursement Event Registration 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5095.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shane Maloy		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address 4875 Gabriella Lane		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4740
City Oviedo	State FL	
Purpose of Disbursement Media Consulting	Category/ Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Shane Maloy		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 4875 Gabriella Lane		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7109
City Oviedo	State FL	
Purpose of Disbursement Media Consulting	Category/ Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Shane Maloy		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 4875 Gabriella Lane		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7183
City Oviedo	State FL	
Purpose of Disbursement Media Consulting	Category/ Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shane Maloy		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 4875 Gabriella Lane		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7356
City Oviedo	State FL	
Purpose of Disbursement Media Consulting	Category/ Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. OneBox		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 6922 Hollywood Blvd		Amount of Each Disbursement this Period 49.95 Transaction ID : SB17.7078
City Los Angeles	State CA	
Purpose of Disbursement Phones	Category/ Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. OneBox		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 6922 Hollywood Blvd		Amount of Each Disbursement this Period 49.95 Transaction ID : SB17.7192
City Los Angeles	State CA	
Purpose of Disbursement Phones	Category/ Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	499.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OneBox		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 6922 Hollywood Blvd		Amount of Each Disbursement this Period 49.95 Transaction ID : SB17.7355
City Los Angeles	State CA	
Zip Code 90028	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name CAROL PLATT FOR CONGRESS	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. OnPoint National Research		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2910 Kerry Forest Pkwy #D4-166		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.7116
City Tallahassee	State FL	
Zip Code 32309	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name CAROL PLATT FOR CONGRESS	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. OnPoint National Research		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 2910 Kerry Forest Pkwy #D4-166		Amount of Each Disbursement this Period 3135.00 Transaction ID : SB17.7234
City Tallahassee	State FL	
Zip Code 32309	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name CAROL PLATT FOR CONGRESS	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).....	3484.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OnPoint National Research		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 2910 Kerry Forest Pkwy #D4-166		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7387
City Tallahassee State FL Zip Code 32309	Purpose of Disbursement Campaign Consulting Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Osceola County Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1425 Vine Street		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.7117
City Kissimmee State FL Zip Code 34744	Purpose of Disbursement Event Registration Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Pinellas County Republican Executive Committee		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 140th Avenue North Suite 208		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.10011 [MEMO ITEM]
City Clear Water State FL Zip Code 33762	Purpose of Disbursement Event Registration Category/Type 001	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	680.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROL PLATT		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.7081
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Parking	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. CAROL PLATT		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.7085
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Event Registration Dues	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. CAROL PLATT		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 432.00 Transaction ID : SB17.7148
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Event Registration	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	498.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROL PLATT		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.7215
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Rent	
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		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.7233
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Event Registration	
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		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 82.98 Transaction ID : SB17.7350
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Office Supplies	
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).....	2882.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROL PLATT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 172		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.10010
City ST CLOUD State FL Zip Code 34772	Purpose of Disbursement In-kind - Event Registration	
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. Simpkins Escrow LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 29243 St. Just Drive		Amount of Each Disbursement this Period 261.80 Transaction ID : SB17.7373
City Unionville State VA Zip Code 22567	Purpose of Disbursement Escrow	
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. The Cottages		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 13300 Colony Square Drive		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.7332 [MEMO ITEM]
City Orlando State FL Zip Code 32837	Purpose of Disbursement Office Rent	
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).....	1111.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Transact		M M / D D / Y Y Y Y 01 / 08 / 2014	
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period	
City Grand Rapids State MI Zip Code 49503		9.00	
Purpose of Disbursement Credit Card Fees		Transaction ID : SB17.4741	
Candidate Name CAROL PLATT FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: FL District: 09		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Transact		M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period	
City Grand Rapids State MI Zip Code 49503		16.18	
Purpose of Disbursement Credit Card Fees		Transaction ID : SB17.7115	
Candidate Name CAROL PLATT FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: FL District: 09		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Transact		M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period	
City Grand Rapids State MI Zip Code 49503		5.62	
Purpose of Disbursement Credit Card Fees		Transaction ID : SB17.7281	
Candidate Name CAROL PLATT FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: FL District: 09		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	30.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 46	
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Transact		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period 9.88 Transaction ID : SB17.7357
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fees	001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Transact		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period 103.46 Transaction ID : SB17.7445
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fees	001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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. Transact		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 190 Monroe Avenue NW Ste 500		Amount of Each Disbursement this Period 1.12 Transaction ID : SB17.10003
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fees	001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS		
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).....	114.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 46			
	<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)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. University of Central Florida		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 4000 Central Florida Blvd		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.7390
City Orlando State FL Zip Code 32816	Purpose of Disbursement Parking 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS	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. Webelect		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1256 Vinetree Drive		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.7114
City Brandon State FL Zip Code 33510	Purpose of Disbursement Campaign Data Services 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS	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. Webelect		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1256 Vinetree Drive		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.7278
City Brandon State FL Zip Code 33510	Purpose of Disbursement Campaign Data Services 001 Category/Type	
Candidate Name CAROL PLATT FOR CONGRESS	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).....	545.00
TOTAL This Period (last page this line number only).....	98388.55

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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 Richmond	State VA	Zip Code 23219

Outstanding Balance Beginning This Period	Transaction ID : SD10.7449	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="10670.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10670.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OnPoint National Research		Nature of Debt (Purpose): Campaign Consulting
Mailing Address 2910 Kerry Forest Pkwy #D4-166		
City Tallahassee	State FL	Zip Code 32309

Outstanding Balance Beginning This Period	Transaction ID : SD10.7448	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="11450.00"/>	<input type="text" value="0.00"/>	<input type="text" value="11450.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group		Nature of Debt (Purpose): Website
Mailing Address 435 East Main Street Ste 250		
City Greenwood	State IN	Zip Code 46143

Outstanding Balance Beginning This Period	Transaction ID : SD10.7447	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="15258.05"/>	<input type="text" value="0.00"/>	<input type="text" value="15258.05"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="37378.05"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="37378.05"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="37378.05"/>