

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Bill Posey

ADDRESS (number and street)

P. O. Box 411486

Check if different than previously reported. (ACC)

Melbourne

FL

32941

2. FEC IDENTIFICATION NUMBER ▼

C C00444968

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

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

through

M M / D D / Y Y Y Y  
03 / 31 / 2014

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

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 15 / 2014

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Bill Posey**

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))....	176357.00	610785.23
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	176357.00	610235.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	76017.11	384318.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	389.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76017.11	383929.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	522559.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10835.14	

**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

**Friends of Bill Posey**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	97975.00	270650.00
(ii) Unitemized.....	16882.00	78294.13
(iii) TOTAL of contributions from individuals ▶	114857.00	348944.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	61500.00	261841.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	176357.00	610785.23
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	389.44
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	82.09	349.15
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	176439.09	611523.82

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76017.11	384318.56
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	550.00
(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	550.00
21. OTHER DISBURSEMENTS .....	5000.00	56650.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	81017.11	441518.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	427137.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	176439.09
25. SUBTOTAL (add Line 23 and Line 24).....	603576.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81017.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	522559.48

**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 108
	<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)  
**Friends of Bill Posey**

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

Mailing Address 3800 N. Riverside Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer self-employed Occupation consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-63-00Rz03**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3800 N. Riverside Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer self-employed Occupation consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-64-00Rz04**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 330 N. Wabash Avenue, #1700

City Chicago State IL Zip Code 60611

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

Name of Employer n/a 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  
 03 / 29 / 2014

**Transaction ID : C-82-01pP01**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy M. Baker**

Mailing Address 501 Honeysuckle Lane

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
Primary Care of Treasure Coast physician

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 / 30 / 2014

**Transaction ID : C-101-00Wr02**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 133 Lansing Island Drive

City State Zip Code  
Indian Harbour Beach FL 32937

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2014

**Transaction ID : C-116-00BN0B**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1194 Winding Meadows Road

City State Zip Code  
Rockledge FL 32955

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

Name of Employer Occupation  
n/a 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  
03 / 21 / 2014

**Transaction ID : C-146-00Md08**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 108
	<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)  
**Friends of Bill Posey**

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

Mailing Address 609 Oakley Place

City Alexandria State VA Zip Code 22302

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

Name of Employer Eris Group, LLC Occupation govt. relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 08 / 2014**

**Transaction ID : C-151-00WI07**

Amount of Each Receipt this Period  
**150.00**

\* In-Kind-> food & beverage

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

Mailing Address 609 Oakley Place

City Alexandria State VA Zip Code 22302

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

Name of Employer Eris Group, LLC Occupation govt. relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 08 / 2014**

**Transaction ID : C-152-00WI08**

Amount of Each Receipt this Period  
**150.00**

\* In-Kind-> facility rental

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

Mailing Address 5110 Saint Andrews Island Drive

City Vero Beach State FL Zip Code 32967

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

Name of Employer n/a 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  
**03 / 29 / 2014**

**Transaction ID : C-173-01NR03**

Amount of Each Receipt this Period  
**250.00**

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

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

**550.00**

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

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

FOR LINE NUMBER: PAGE 8 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

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

Mailing Address 136 Island Creek Drive

City State Zip Code  
Indian River Shores FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C-265-00L907**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 136 Island Creek Drive

City State Zip Code  
Indian River Shores FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C-266-00L908**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 3117 S. Indian River Drive

City State Zip Code  
Fort Pierce FL 34982

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

Name of Employer Occupation  
Harbor Community Bank banker

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 / 29 / 2014

**Transaction ID : C-271-00Lk06**

Amount of Each Receipt this Period  
1000.00

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

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

3600.00



**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 108
	<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)  
**Friends of Bill Posey**

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

Mailing Address 8552 Sylvan Drive

City State Zip Code  
Melbourne FL 32904

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

Name of Employer Occupation  
n/a retired

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 / 21 / 2014

**Transaction ID : C-277-00RA0A**

Amount of Each Receipt this Period  
900.00

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

Mailing Address 14644 N. 3900 East Road

City State Zip Code  
Saybrook IL 61770

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

Name of Employer Occupation  
Midwest Bank of Western IL investment officer

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 / 29 / 2014

**Transaction ID : C-279-01pE01**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 900 John Anderson Drive

City State Zip Code  
Ormond Beach FL 32176

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

Name of Employer Occupation  
Ormond RE Group, LLC insurance executive

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 / 28 / 2014

**Transaction ID : C-306-01oA01**

Amount of Each Receipt this Period  
2600.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**James J. Butera**

Mailing Address 499 S. Capitol Street, #600

City Washington State DC Zip Code 20003

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

Name of Employer Butera & Andrews Occupation attorney

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  
 02 / 26 / 2014

**Transaction ID : C-312-00W103**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8 River Ridge Drive

City Rockledge State FL Zip Code 32955

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

Name of Employer Remi Properties Occupation property investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C-360-005R0C**

Amount of Each Receipt this Period  
1600.00

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

Mailing Address 8 River Ridge Drive

City Rockledge State FL Zip Code 32955

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

Name of Employer Remi Properties Occupation property investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C-361-005R0D**

Amount of Each Receipt this Period  
2600.00

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

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

4700.00

**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 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew R. Cochran**

Mailing Address 8509 Paul Revere Court

City Annandale State VA Zip Code 22003

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

Name of Employer Cochran & Associates Occupation principal

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 / 06 / 2014

**Transaction ID : C-408-01VP02**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 142 S. Twin Lakes Road

City Cocoa State FL Zip Code 32926

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

Name of Employer n/a 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  
 03 / 31 / 2014

**Transaction ID : C-416-00WE09**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 14076 155th Terrace

City Tigard State OR Zip Code 97224

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

Name of Employer Wood Brokerage International Occupation lumber trader

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 / 13 / 2014

**Transaction ID : C-429-01m501**

Amount of Each Receipt this Period  
1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 108	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Ava K. Cronin**

Mailing Address 150 Riverside Drive

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-466-00Ke09**

Amount of Each Receipt this Period  
 1000.00

1100.00

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

Mailing Address 6134 Anello Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer Back Center Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-493-01Jr02**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

Mailing Address 3760 N. Riverside Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-505-01TW02**

Amount of Each Receipt this Period  
 500.00

500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Diener**

Mailing Address 8877 Collins Avenue

City State Zip Code  
Surfside FL 33154

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

Name of Employer Occupation  
getaroom.com executive

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 : C-544-01mu01**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2091 Temple Drive

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 05 / 2014

**Transaction ID : C-558-00JF0f**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2091 Temple Drive

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 05 / 2014

**Transaction ID : C-559-00JF0g**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Melissa A. Dietel**

Mailing Address 2091 Temple Drive

City Winter Park State FL Zip Code 32789

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : C-560-00JF0h**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4321 Summer Breeze Terrace

City Vero Beach State FL Zip Code 32967

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-568-017u03**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 375 River Island Street

City Merritt Island State FL Zip Code 32953

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

Name of Employer Space Coast Vascular Occupation physician

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 / 28 / 2014

**Transaction ID : C-583-01Hi02**

Amount of Each Receipt this Period  
1000.00

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

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

1125.00

**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 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa A. Durgin**

Mailing Address 1701 Bayshore Drive

City State Zip Code  
Cocoa Beach FL 32931

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

Name of Employer Occupation  
Edwards Realty, Inc. realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : C-606-002L07**

Amount of Each Receipt this Period  
500.00

Earmarked-> VoteSane PAC rcvd. 012114

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

Mailing Address 2415 Club Drive

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-621-014T04**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5409 Robles Lane

City State Zip Code  
Rockledge FL 32955

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-646-00Fc0F**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

**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 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Michael J. Eubank**

Mailing Address 6760 Still Point Drive

City Melbourne	State FL	Zip Code 32940
-------------------	-------------	-------------------

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

Name of Employer Carroll Distributing Company	Occupation president
--	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : C-648-005Y0B**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 698 Monterey Drive

City Satellite Beach	State FL	Zip Code 32937
-------------------------	-------------	-------------------

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

Name of Employer Fant Group	Occupation executive
--------------------------------	-------------------------

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 / 21 / 2014

**Transaction ID : C-658-01mc01**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 12546 N. Highway A1A

City Vero Beach	State FL	Zip Code 32963
--------------------	-------------	-------------------

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

Name of Employer Ferrell Real Estate Enterprises	Occupation realtor
---	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-664-002G0A**

Amount of Each Receipt this Period  
250.00

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

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

3850.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Henry A. Fischer**

Mailing Address P. O. Box 780068

City Sebastian State FL Zip Code 32978

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

Name of Employer self-employed Occupation dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : C-679-00270B**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 19 Hop Brook Lane

City Sudbury State MA Zip Code 01776

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

Name of Employer Rex Lumber Company Occupation president

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 / 21 / 2014**

**Transaction ID : C-695-01mZ01**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1104 Culbreath Isles Drive

City Tampa State FL Zip Code 33629

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

Name of Employer Thompson & Company Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : C-707-01cL02**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Carlos P. Fuente**

Mailing Address P. O. Box 5175

City Tampa State FL Zip Code 33675

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

Name of Employer C. Fuente Holdings, Inc. Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : C-720-00Xf03**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 2000 Pink Creek Blvd., #101

City Vero Beach State FL Zip Code 32966

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

Name of Employer Occupation

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 / 29 / 2014**

**Transaction ID : C-795-01pS01**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 530 Coconut Palm Blvd.

City Vero Beach State FL Zip Code 32963

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

Name of Employer Lazard Asset Management Occupation senior advisor

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 / 30 / 2014**

**Transaction ID : C-813-00Mb05**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2250.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Ana J. Haar**

Mailing Address 7511 London Lane

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : C-817-01nI01**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 7511 London Lane

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Haar Capital Management, LLC president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : C-819-01Q704**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1170-B E. Hallandale Beach Blvd.

City State Zip Code  
Hallandale Beach FL 33009

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

Name of Employer Occupation  
self-employed 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 / 29 / 2014

**Transaction ID : C-823-01pM01**

Amount of Each Receipt this Period  
500.00

**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 20 OF 108
	<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)  
**Friends of Bill Posey**

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

Mailing Address 5145 Saint Andrews Island Drive

City State Zip Code  
Vero Beach FL 32967

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-846-01pT01**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5145 St. Andrews Island Drive

City State Zip Code  
Vero Beach FL 32967

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C-847-01AT03**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 685 Lake Drive

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
The Hill Group, Inc. general contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : C-888-00Wy04**

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: PAGE 21 OF 108  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**James P. Hill**

Mailing Address 685 Lake Drive

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
The Hill Group, Inc. president

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 : C-889-00K803**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 52 Ridge Court

City State Zip Code  
Rockledge FL 32955

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

Name of Employer Occupation  
n/a 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  
 03 / 30 / 2014

**Transaction ID : C-908-01hM02**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 884 Spanish Wells Drive

City State Zip Code  
Melbourne FL 32940

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

Name of Employer Occupation  
n/a 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  
 03 / 28 / 2014

**Transaction ID : C-969-00qR07**

Amount of Each Receipt this Period  
200.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 108
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>Lalita M. Janke</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2136 N. Porpoise Point Lane		<b>Transaction ID : C-972-01pV01</b>
City Vero Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Embracing Changes	Occupation president	
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) <b>Walter H. Janke</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2136 N. Porpoise Point Lane		<b>Transaction ID : C-973-01pW01</b>
City Vero Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer n/a	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) <b>Elizabeth A. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2341 Vero Beach Avenue		<b>Transaction ID : C-983-01pX01</b>
City Vero Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Elizabeth's Fine Consignments	Occupation owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 23 OF 108  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Carole J. Jordan**

Mailing Address 1855 34th Avenue

City State Zip Code  
Vero Beach FL 32960

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

Name of Employer Occupation  
n/a homemaker

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 / 29 / 2014

**Transaction ID : C-998-00LU03**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4520 Verone Street

City State Zip Code  
Bellaire TX 77401

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

Name of Employer Occupation  
Holland Southwest International executive

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 / 21 / 2014

**Transaction ID : C-1025-01mY01**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1384 Walton Health Court

City State Zip Code  
Rockledge FL 32955

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

Name of Employer Occupation  
n/a 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 / 28 / 2014

**Transaction ID : C-1050-00CT0A**

Amount of Each Receipt this Period  
150.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Tony P. Korvick**

Mailing Address 9655 S. Dixie Highway, #208

City Miami State FL Zip Code 33156

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

Name of Employer Porter & Korvick, P.A. Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C-1070-01In01**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 11168 Landsend Chase

City Port Saint Lucie State FL Zip Code 34986

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

Name of Employer self-employed Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C-1084-01mv01**

Amount of Each Receipt this Period  
 550.00

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

Mailing Address 406 Holly Road

City Vero Beach State FL Zip Code 32963

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

Name of Employer Morgan Stanley Smith Barney Occupation portfolio manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-1133-01pY01**

Amount of Each Receipt this Period  
 250.00

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

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

3400.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn M. Linus**

Mailing Address 502 Tulip Lane

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : C-1144-01oF01**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1965 Mooringline Drive

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : C-1198-01aD02**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 205 Greytwig Road

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 29 / 2014

**Transaction ID : C-1206-01pa01**

Amount of Each Receipt this Period: 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**David G. Markowitz**

Mailing Address 7638 Stockton Terrace

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Sheridan Healthcare physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : C-1217-01nK01**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 1005 Newfound Harbor Drive

City State Zip Code  
Merritt Island FL 32952

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C-1223-00YA09**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P. O. Box 643698

City State Zip Code  
Vero Beach FL 32964

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

Name of Employer Occupation  
Seald Sweet, LLC consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C-1269-01aV02**

Amount of Each Receipt this Period  
50.00

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 27 OF 108  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

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

Mailing Address 1388 Walton Heath Court

City State Zip Code  
Rockledge FL 32955

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

Name of Employer self-employed Occupation veterinarian

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C-1352-01BL06**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 275 Date Palm Road, #501

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation

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 / 29 / 2014

**Transaction ID : C-1357-01oH01**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P. O. Box 2366

City State Zip Code  
Melbourne FL 32902

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

Name of Employer Occupation  
Florida Institute of Technology scientist

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 / 23 / 2014

**Transaction ID : C-1390-00D107**

Amount of Each Receipt this Period  
250.00

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Bronson E. Newburger**

Mailing Address P. O. Box 4876

City Jackson State MS Zip Code 39296

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

Name of Employer Clarke Veneers & Plywood Occupation sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-1398-01mb01**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 600 Coconut Palm Road

City Vero Beach State FL Zip Code 32963

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C-1400-01m901**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 13 53rd Street

City Gulfport State MS Zip Code 39507

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

Name of Employer Newman Lumber Co., Inc. Occupation finance vice-president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-1401-01ma01**

Amount of Each Receipt this Period  
1000.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 108
	<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)  
**Friends of Bill Posey**

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

Mailing Address 2107 N. 16th Street

City Tampa State FL Zip Code 33605

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

Name of Employer J.C. Newman Cigar Co. Occupation vice-president

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 / 25 / 2014

**Transaction ID : C-1404-00Xg04**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 657 Doral Lane

City Melbourne State FL Zip Code 32940

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

Name of Employer n/a 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  
 03 / 29 / 2014

**Transaction ID : C-1412-008F09**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5301 Wingtip Court

City Rockledge State FL Zip Code 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-1451-000i0A**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Keith K. Park**

Mailing Address 5111 Solliden Lane

City La Canada	State CA	Zip Code 91011
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FEC ID number of contributing federal political committee. **C**

Name of Employer Prometheus International, Inc.	Occupation president
--	-------------------------

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 / 30 / 2014

**Transaction ID : C-1473-01kk02**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ernesto Perez-Carrillo**

Mailing Address 1327 N. Greenway Drive

City Coral Gables	State FL	Zip Code 33134
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FEC ID number of contributing federal political committee. **C**

Name of Employer EPC Cigar Co., LLC	Occupation executive
--	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1499-01kl02**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9655 S. Dixie Highway, #208

City Miami	State FL	Zip Code 33156
---------------	-------------	-------------------

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

Name of Employer Porter & Korvick, P.A.	Occupation attorney
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : C-1531-01lm01**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**John H. Potomski**

Mailing Address 3764 Turtle Mound Road

City Melbourne State FL Zip Code 32934

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

Name of Employer Osler Medical Occupation physician

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 / 28 / 2014

**Transaction ID : C-1533-00Cn05**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3460 Heild Road

City West Melbourne State FL Zip Code 32904

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

Name of Employer AAL Land Surveying Services Occupation land surveyor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1539-01EG02**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3460 Heild Road

City West Melbourne State FL Zip Code 32904

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

Name of Employer AAL Land Surveying Services Occupation land surveyor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-1540-01EG03**

Amount of Each Receipt this Period  
750.00

\* In-Kind-> food & beverage

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Teresa D. Powshok**

Mailing Address 3460 Hield Road

City: West Melbourne State: FL Zip Code: 32904

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

Name of Employer: AAL Land Surveying Service, Inc. Occupation: manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 03 / 30 / 2014

**Transaction ID : C-1542-01od01**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 3460 Hield Road

City: West Melbourne State: FL Zip Code: 32904

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

Name of Employer: AAL Land Surveying Service, Inc. Occupation: manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 03 / 21 / 2014

**Transaction ID : C-1543-01od02**

Amount of Each Receipt this Period: 750.00

\* In-Kind-> food & beverage

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

Mailing Address 7108 Marbella Court, #402

City: Cape Canaveral State: FL Zip Code: 32920

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

Name of Employer: AirTran/Southwest Occupation: pilot

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : C-1548-01o201**

Amount of Each Receipt this Period: 600.00

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

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

1850.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Tahir Qizilbash**

Mailing Address 103 Barbara Court

City Sebastian State FL Zip Code 32958

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

Name of Employer Cemco Construction Company Occupation civil engineer

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 / 29 / 2014

**Transaction ID : C-1567-01pc01**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4021 Silver Palm Drive

City Vero Beach State FL Zip Code 32963

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

Name of Employer Rathbun and Associates, Inc. Occupation govt. relations

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 / 29 / 2014

**Transaction ID : C-1581-00Ld04**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 7499 London Lane

City Boca Raton State FL Zip Code 33433

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

Name of Employer Rose Real Estate Services Occupation realtor

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 / 27 / 2014

**Transaction ID : C-1633-01nL01**

Amount of Each Receipt this Period  
 250.00

**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 34 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Rubin**

Mailing Address 3700 S.W. 30th Avenue

City State Zip Code  
Fort Lauderdale FL 33312

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

Name of Employer Occupation  
Alec Bradley Cigar Company president

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 / 11 / 2014

**Transaction ID : C-1643-01B02**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7679 Newport Terrace

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Boca Radiology physician

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 / 27 / 2014

**Transaction ID : C-1644-01nw01**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1840 Bayview Court

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
Quality Health Care physician

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 / 31 / 2014

**Transaction ID : C-1657-01mt01**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Marvin Samel**

Mailing Address 3511 Royal Palm Avenue

City Miami State FL Zip Code 33133

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

Name of Employer Drew Estate Occupation cigar manufacturer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1662-01Jw03**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 408 Beachside Place

City Amelia Island State FL Zip Code 32034

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

Name of Employer self-employed Occupation health care consultant

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 / 21 / 2014

**Transaction ID : C-1688-00430A**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7619 S. Village Square

City Vero Beach State FL Zip Code 32966

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

Name of Employer Merrill Lynch Wealth Management Occupation financial advisor

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 / 29 / 2014

**Transaction ID : C-1704-01pd01**

Amount of Each Receipt this Period  
250.00

**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 36 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Marylynn V. Scully**

Mailing Address 771 Manatee Cove

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 29 / 2014

**Transaction ID : C-1708-01R002**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 771 Manatee Cove

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 29 / 2014

**Transaction ID : C-1709-00Lu05**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 766 S. Easy Street

City: Sebastian State: FL Zip Code: 32958

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

Name of Employer: Indian River County Sheriff's Office Occupation: general service administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 29 / 2014

**Transaction ID : C-1752-00Ds05**

Amount of Each Receipt this Period: 250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas F. Slater**

Mailing Address 70 Oyster Cut

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C-1761-01AD08**

Amount of Each Receipt this Period  
1600.00

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

Mailing Address 70 Oyster Cut

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C-1762-01AD09**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 10308 La Reina Road

City State Zip Code  
Delray Beach FL 33446

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

Name of Employer Occupation  
Slavic Investment Corporation president

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 / 29 / 2014

**Transaction ID : C-1764-01pN01**

Amount of Each Receipt this Period  
1000.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Carl Smedberg**

Mailing Address 144 Lansing Island Drive

City State Zip Code  
Indian Harbour Beach FL 32937

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

Name of Employer Occupation  
Space Coast Pathologists, P.A. physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1769-01JA05**

Amount of Each Receipt this Period  
600.00

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

Mailing Address 144 Lansing Island Drive

City State Zip Code  
Indian Harbour Beach FL 32937

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1770-01SE02**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 1135 Carrigan Blvd.

City State Zip Code  
Merritt Island FL 32952

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

Name of Employer Occupation  
Bob Steele Chevrolet auto dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1832-00H006**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Karl M. Steene**

Mailing Address 1240 Admirals Walk

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: Harbor Community Bank Occupation: branch manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 550.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : C-1837-01iG02**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 2182 Falls Circle

City: Vero Beach State: FL Zip Code: 32967

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

Name of Employer: self-employed Occupation: financial consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2850.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : C-1840-00A906**

Amount of Each Receipt this Period: 2350.00

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

Mailing Address 2182 Falls Circle

City: Vero Beach State: FL Zip Code: 32967

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

Name of Employer: self-employed Occupation: financial consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2850.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : C-1841-00A907**

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 40 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Richard G. Stuart**

Mailing Address 1484 Goldrush Avenue

City Melbourne State FL Zip Code 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-1848-01jt02**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 4370 Stillwater Drive

City Merritt Island State FL Zip Code 32952

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

Name of Employer Fidelity Bank Occupation bank director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-1862-00QA04**

Amount of Each Receipt this Period  
**2400.00**

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

Mailing Address 4370 Stillwater Drive

City Merritt Island State FL Zip Code 32952

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

Name of Employer Fidelity Bank Occupation banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-1864-00Q907**

Amount of Each Receipt this Period  
**100.00**

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

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

**2525.00**



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

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

FOR LINE NUMBER: PAGE 41 OF 108  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Carmen N. Stork**

Mailing Address 4450 U.S. Highway 1

City State Zip Code  
Vero Beach FL 32967

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

Name of Employer Occupation  
n/a homemaker

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 / 20 / 2014

**Transaction ID : C-1865-01SN05**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 283 River Drive

City State Zip Code  
Tequesta FL 33469

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

Name of Employer Occupation  
n/a retired

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 / 30 / 2014

**Transaction ID : C-1893-01Uc02**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code  
North Miami FL 33161

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

Name of Employer Occupation  
Tate Enterprises executive

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 / 29 / 2014

**Transaction ID : C-1905-01pF01**

Amount of Each Receipt this Period  
 1000.00

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

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

4600.00

**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 42 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Linda L. Teetz**

Mailing Address 1280 Olde Doubloon Drive

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : C-1915-00BF0B**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 2514 Apollo Drive

City State Zip Code  
Los Angeles CA 90046

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

Name of Employer Occupation  
Tohl Enterprises owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

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

**Transaction ID : C-1942-00pR05**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 1600 Indian Bay Drive

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a 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  
**03 / 29 / 2014**

**Transaction ID : C-1963-01LU02**

Amount of Each Receipt this Period  
**500.00**

**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 43 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Francis T. Vincent**

Mailing Address 145 Sago Palm Road

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-1989-00wt03**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 7548 Chester Terrace

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
n/a 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 / 28 / 2014

**Transaction ID : C-2003-01nv01**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1881 Rockledge Drive

City State Zip Code  
Rockledge FL 32955

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

Name of Employer Occupation  
n/a 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  
 03 / 28 / 2014

**Transaction ID : C-2010-00lf04**

Amount of Each Receipt this Period  
250.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 44 OF 108  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Waser**  
 Mailing Address 3745 Big Pine Road  
 City State Zip Code  
 Melbourne FL 32934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Associates of Brevard physician  
 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 / 23 / 2014  
**Transaction ID : C-2027-01Hj02**  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**David A. Weed**  
 Mailing Address 55066 Colonial Ridge Drive  
 City State Zip Code  
 Bristol IN 46507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Robert Weed Plywood Corp. president/c.e.o.  
 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 / 21 / 2014  
**Transaction ID : C-2035-01mX01**  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Weiss**  
 Mailing Address 436 12th Place, S.E.  
 City State Zip Code  
 Vero Beach FL 32962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Laser Spine Institute physician  
 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 / 25 / 2014  
**Transaction ID : C-2042-01D303**  
 Amount of Each Receipt this Period  
 250.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 45 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Eli E. White**

Mailing Address 724 Nicklaus Drive

City State Zip Code  
Melbourne FL 32940

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

Name of Employer self-employed Occupation dentist

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  
 03 / 28 / 2014

**Transaction ID : C-2062-00F70F**

Amount of Each Receipt this Period  
100.00

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

Mailing Address P. O. Box 847

City State Zip Code  
Monroe NC 28111

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

Name of Employer I.O., Inc. Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-2069-01pJ01**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 234 Alexander Palm Road

City State Zip Code  
Boca Raton FL 33432

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

Name of Employer National Pain Institute Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-2132-01nu01**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

97975.00

**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 46 OF 108
<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Amer. Academy of Dermatology Assoc. PAC**

Mailing Address 1445 New York Avenue, N.W., #800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : C-40-01ZF05**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Ave., N.W., #600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C-47-00AR0E**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Ave., N.W., #600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

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

**Transaction ID : C-48-00AR0F**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

**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 47 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**American Financial Services Assoc. PAC**

Mailing Address 919 18th Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : C-55-01GT08**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 500 Grant Street, #3225

City Pittsburgh State PA Zip Code 15258

FEC ID number of contributing federal political committee. **C C00017558**

Name of Employer Occupation

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 / 04 / 2014

**Transaction ID : C-187-01m001**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bloomin Brands, Inc. PAC**

Mailing Address 2202 N. Westshore Blvd., 5th Floor

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C C00253153**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-197-01mT01**

Amount of Each Receipt this Period  
3000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 48 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**The Boeing Company PAC**

Mailing Address 1200 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-204-00Uv07**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**CULAC the PAC of Credit Union Natl. Assn.**

Mailing Address 601 Pennsylvania Ave., N.W., #600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : C-321-00lp0M**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1701 J.F.K. Blvd., 49th Floor

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : C-422-00XB08**

Amount of Each Receipt this Period  
1000.00

**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 49 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Compass BancShares, Inc. PAC**

Mailing Address P. O. Box 10566

City Birmingham State AL Zip Code 35296

FEC ID number of contributing federal political committee. **C** C00142596

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : C-426-01LY04**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 500 8th Street, N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

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 / 28 / 2014

**Transaction ID : C-482-01o901**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**DRS Technologies, Inc. Good Govt. Fund**

Mailing Address 2345 Crystal Drive, #915

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C-486-00Uf0G**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 108
	<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)  
**Friends of Bill Posey**

**A. Dealers Election Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 8400 Westpark Drive

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C-518-000007**

Amount of Each Receipt this Period  
 2500.00

**B. Employees of Northrop Grumman Corp. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Drive

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00088591

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  
 02 / 19 / 2014

**Transaction ID : C-631-00Ts0H**

Amount of Each Receipt this Period  
 2500.00

**C. Ernst & Young PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 New York Avenue, N.W.

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00227744

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  
 03 / 26 / 2014

**Transaction ID : C-637-00iNOC**

Amount of Each Receipt this Period  
 2500.00

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

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

7500.00

**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 51 OF 108	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Experian North America, Inc. PAC**

Mailing Address 475 Anton Blvd.

City State Zip Code  
Costa Mesa CA 92626

FEC ID number of contributing federal political committee. **C C00379768**

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  
03 / 04 / 2014

**Transaction ID : C-652-00Xe03**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6100 Hollywood Blvd., #305

City State Zip Code  
Hollywood FL 33024

FEC ID number of contributing federal political committee. **C C00127811**

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  
03 / 31 / 2014

**Transaction ID : C-688-01pD01**

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
**General Electric Political Action Comm.**

Mailing Address 1299 Pennsylvania Ave., N.W., #900

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00024869**

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  
03 / 21 / 2014

**Transaction ID : C-753-00K409**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Avenue, N.W., #50

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : C-917-00Mj0B**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**IAP Worldwide Services PAC**

Mailing Address 7315 N. Atlantic Avenue, #218

City Cape Canaveral State FL Zip Code 32920

FEC ID number of contributing federal political committee. **C** C00414425

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : C-950-00Tj0C**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Intl. Premium Cigar & Pipe Retailers PAC**

Mailing Address 4 Bradley Park Court, #2H

City Columbus State GA Zip Code 31904

FEC ID number of contributing federal political committee. **C** C00450239

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6262.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-961-01E008**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 53 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**International Wood Products Assn. PAC**

Mailing Address 4214 King Street, W.

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00161190

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  
 03 / 21 / 2014

**Transaction ID : C-962-01mU01**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Investment Company Institute PAC**

Mailing Address 1401 H Street, N.W., #1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

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  
 03 / 28 / 2014

**Transaction ID : C-964-00VV0D**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**K&L Gates, LLP PAC**

Mailing Address 1601 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00213173

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  
 03 / 26 / 2014

**Transaction ID : C-1007-01cJ04**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**K&L Gates, LLP PAC**

Mailing Address 1601 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : C-1008-01cJ05**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corp. Employees' PAC**

Mailing Address 2121 Crystal Drive, #100

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1160-00Th0J**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Marathon Petroleum Corp. Emp. PAC**

Mailing Address P. O. Box 75000 MC2250

City Detroit State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C-1215-01lq01**

Amount of Each Receipt this Period  
2500.00

**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 55 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Mass. Mutual Life Insurance Co. PAC**

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C C00118943**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : C-1229-01Fk05**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C-1378-00G70G**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**NRA-Political Victory Fund**

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : C-1384-00KT0A**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

**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 56 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**Oral & Maxillofacial Surgery PAC**

Mailing Address 9700 W. Bryn Mawr Avenue

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00444968

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : C-1447-01DD04**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Property Casualty Insurers Assn. PAC**

Mailing Address 8700 W. Bryn Mawr Avenue, # 1200S

City Chicago State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : C-1556-00XE0C**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Rockwell Collins, Inc. Good Govt. Comm.**

Mailing Address 1300 Wilson Blvd., #200

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

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

**Transaction ID : C-1626-00Us0F**

Amount of Each Receipt this Period  
1000.00

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

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

5500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 108
	<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)  
**Friends of Bill Posey**

**A. Securities Ind. & Fin. Markets Assn. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 New York Avenue, N.W., #800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : C-1716-01FE09**

Amount of Each Receipt this Period  
1000.00

**B. Sierra Nevada Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 50193

City Sparks State NV Zip Code 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C-1749-01ag02**

Amount of Each Receipt this Period  
1000.00

**C. Space Exploration Technologies Corp. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1030 15th Street, N.W., #220E

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : C-1810-01Sc07**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 58 OF 108
	<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)  
**Friends of Bill Posey**

**A.** Full Name (Last, First, Middle Initial)  
**UBS America Inc. PAC**

Mailing Address 400 Atlantic Street

City State Zip Code  
Stamford CT 06901

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer Occupation

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 / 21 / 2014

**Transaction ID : C-1967-01lw01**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**US Cuba Democracy PAC**

Mailing Address 1200 W. 49th Street

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing federal political committee. **C C00387720**

Name of Employer Occupation

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 / 27 / 2014

**Transaction ID : C-1968-00Qi03**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P. O. Box 2713

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1425.00

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

**Transaction ID : C-1999-01IL0H**

Amount of Each Receipt this Period  
475.00

**[MEMO ITEM]**  
earmark received

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

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

3500.00

61500.00

**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 59 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>Bank of Tampa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address P. O. Box 1		<b>Transaction ID : C-131-004y0t</b>
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.27
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 349.15	

Full Name (Last, First, Middle Initial) <b>Bank of Tampa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2014
Mailing Address P. O. Box 1		<b>Transaction ID : C-132-004y0u</b>
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.54
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 349.15	

Full Name (Last, First, Middle Initial) <b>Bank of Tampa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address P. O. Box 1		<b>Transaction ID : C-133-004y0v</b>
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.28
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 349.15	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.09
<b>TOTAL</b> This Period (last page this line number only).....	82.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 577.48 <b>Transaction ID : D34-00Hr18</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 688.96 <b>Transaction ID : D35-00Hr19</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 673.25 <b>Transaction ID : D36-00Hr1A</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1939.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Doyle C. Bartlett</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 609 Oakley Place		Amount of Each Disbursement this Period 8 0 0 0 . 0 0 Transaction ID : D63-00WI06
City Alexandria	State VA	
Purpose of Disbursement * In-Kind->facility rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Doyle C. Bartlett</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 609 Oakley Place		Amount of Each Disbursement this Period 8 0 0 0 . 0 0 Transaction ID : D64-00WI07
City Alexandria	State VA	
Purpose of Disbursement * In-Kind->food & beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Brevard County SOE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address P.O. Box 410819		Amount of Each Disbursement this Period 8 0 0 . 0 0 Transaction ID : D78-006z0B
City Melbourne	State FL	
Purpose of Disbursement petition verification		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8 0 0 . 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 259.45 <b>Transaction ID : D125-00WL1N</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement meals/dues		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 463.29 <b>Transaction ID : D126-00WL1O</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement meals/dues		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 185.77 <b>Transaction ID : D127-00WL1P</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement meals/dues		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	908.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 292.83 <b>Transaction ID : D128-00WL1Q</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 2001 New Hampshire Avenue, N.W.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D160-00YP0h</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement luncheon ticket	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2001 New Hampshire Avenue, N.W.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D161-00YP0i</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement luncheon ticket	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	352.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. The Congressional Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2001 New Hampshire Avenue, N.W.			Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D162-00YP0j</b>
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement luncheon ticket		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. The Congressional Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2001 New Hampshire Avenue, N.W.			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D163-00YP0k</b>
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement luncheon tickets		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. The Congressional Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2001 New Hampshire Avenue, N.W.			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D164-00YP0l</b>
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement luncheon tickets		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1030.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2001 New Hampshire Avenue, N.W.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D165-00YP0m</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement lucheon tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Congressional Institute, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1700 Diagonal Road, #730		Amount of Each Disbursement this Period 1423.00 <b>Transaction ID : D167-00Ux06</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement conference registration	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 1727.19 <b>Transaction ID : D195-00GI0w</b>
City Gainesville State FL Zip Code 32653	Purpose of Disbursement direct mail services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3650.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 754.69
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D196-00GI0x
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 1040.83
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D197-00GI0y
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 2727.83
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D198-00GI0z
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4523.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 3572.68
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D199-00GI10
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 7368.41
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D200-00GI11
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Data Targeting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 2530.36
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D201-00GI12
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13471.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 108		
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial)  
**A. Data Targeting, Inc.**

Mailing Address 6211 N.W. 132nd Street

City Gainesville State FL Zip Code 32653

Purpose of Disbursement direct mail services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2014

Amount of Each Disbursement this Period: 2433.34

Transaction ID : D202-00GI13

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

Mailing Address 6211 N.W. 132nd Street

City Gainesville State FL Zip Code 32653

Purpose of Disbursement direct mail services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 2511.74

Transaction ID : D203-00GI14

Full Name (Last, First, Middle Initial)  
**c. Data Targeting, Inc.**

Mailing Address 6211 N.W. 132nd Street

City Gainesville State FL Zip Code 32653

Purpose of Disbursement telephone calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 481.35

Transaction ID : D204-00GI15

**SUBTOTAL** of Disbursements This Page (optional) ..... 5426.43

**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 69 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Eventmakers International, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014		
Mailing Address 2928 S.E. Monroe Street			Amount of Each Disbursement this Period 579.38		
City Stuart	State FL	Zip Code 34997	Transaction ID : D219-01pe01		
Purpose of Disbursement tent rental		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Florida U.C. Fund</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014		
Mailing Address 5050 W. Tennessee Street			Amount of Each Disbursement this Period 15.30		
City Tallahassee	State FL	Zip Code 32399	Transaction ID : D240-00GK0K		
Purpose of Disbursement payroll taxes		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Amber Steigerwald Frisco</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 5272 Outlook Drive			Amount of Each Disbursement this Period 1635.07		
City Melbourne	State FL	Zip Code 32940	Transaction ID : D258-01I80f		
Purpose of Disbursement salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2229.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Amber Steigerwald Frisco</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014		
Mailing Address 5272 Outlook Drive			Amount of Each Disbursement this Period 1635.07		
City Melbourne	State FL	Zip Code 32940	Transaction ID : D259-0180g		
Purpose of Disbursement salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Amber Steigerwald Frisco</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014		
Mailing Address 5272 Outlook Drive			Amount of Each Disbursement this Period 2630.67		
City Melbourne	State FL	Zip Code 32940	Transaction ID : D260-0180h		
Purpose of Disbursement salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Patrick Gavin</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 2175 Judge Fran Jamieson Way, #208			Amount of Each Disbursement this Period 461.75		
City Melbourne	State FL	Zip Code 32940	Transaction ID : D284-00GJ0h		
Purpose of Disbursement salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4727.49
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Patrick Gavin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address 2175 Judge Fran Jamieson Way, #208		Amount of Each Disbursement this Period <b>461.75</b> Transaction ID : <b>D285-00GJ0o</b>
City Melbourne	State FL	
Zip Code 32940	Purpose of Disbursement salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Patrick Gavin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address 2175 Judge Fran Jamieson Way, #208		Amount of Each Disbursement this Period <b>461.75</b> Transaction ID : <b>D286-00GJ0p</b>
City Melbourne	State FL	
Zip Code 32940	Purpose of Disbursement salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Hammond &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 23 / 2014</b>
Mailing Address 200 Park Avenue, #306		Amount of Each Disbursement this Period <b>10.00</b> Transaction ID : <b>D319-00Hh2C</b>
City Falls Church	State VA	
Zip Code 22046	Purpose of Disbursement name tags	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>933.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014		
Mailing Address 200 Park Avenue, #306			Amount of Each Disbursement this Period 2125.00		
City Falls Church	State VA	Zip Code 22046	Transaction ID : D320-00Hh2D		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014		
Mailing Address 200 Park Avenue, #306			Amount of Each Disbursement this Period 2125.00		
City Falls Church	State VA	Zip Code 22046	Transaction ID : D321-00Hh2E		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014		
Mailing Address 200 Park Avenue, #306			Amount of Each Disbursement this Period 88.13		
City Falls Church	State VA	Zip Code 22046	Transaction ID : D322-00Hh2F		
Purpose of Disbursement blast faxes/beverages		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4338.13
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 200 Park Avenue, #306			Amount of Each Disbursement this Period 2125.00	
City Falls Church	State VA	Zip Code 22046	Transaction ID : D323-00Hh2G	
Purpose of Disbursement fundraising consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 200 Park Avenue, #306			Amount of Each Disbursement this Period 192.12	
City Falls Church	State VA	Zip Code 22046	Transaction ID : D324-00Hh2H	
Purpose of Disbursement fundraising expenses		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Innovative Images</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 1124 Woodsmere Parkway			Amount of Each Disbursement this Period 448.38	
City Rockledge	State FL	Zip Code 32955	Transaction ID : D367-00L70C	
Purpose of Disbursement campaign t-shirts		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2765.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial)  
**A. Mail Stop & More**

Mailing Address 6300 N. Wickham Road, #130

City Melbourne State FL Zip Code 32940

Purpose of Disbursement delivery

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2014

Amount of Each Disbursement this Period: 278.00

Transaction ID : D401-01Kh0p

Full Name (Last, First, Middle Initial)  
**B. Mail Stop & More**

Mailing Address 6300 N. Wickham Road, #130

City Melbourne State FL Zip Code 32940

Purpose of Disbursement delivery

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 63.56

Transaction ID : D402-01Kh0q

Full Name (Last, First, Middle Initial)  
**c. Bill Posey**

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement see memo entries

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 1010.13

Transaction ID : D505-00011i

**SUBTOTAL** of Disbursements This Page (optional) ..... 1351.69

**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 75 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Harvey's Grove</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2014
Mailing Address 3700 S. U.S. Highway 1		Amount of Each Disbursement this Period 23.90
City Rockledge	State FL	Zip Code 32955
Purpose of Disbursement food & beverage	Category/ Type	
Candidate Name	Transaction ID : D2-01GK0A	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Memo	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address P. O. Box 689020		Amount of Each Disbursement this Period 21.99
City Des Moines	State IA	Zip Code 50368
Purpose of Disbursement office supplies	Category/ Type	
Candidate Name	Transaction ID : D8-00IS0m	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Memo	

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 2.00
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement travel	Category/ Type	
Candidate Name	Transaction ID : D9-00Kv3i	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Memo	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 128.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D10-00Kv3j
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 247.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D11-00Kv3k
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 247.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D12-00Kv3l
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo M
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 175.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D13-00Kv3m
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bill Posey</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address P. O. Box 360877		Amount of Each Disbursement this Period 2790.39
City Melbourne	State FL	
Zip Code 32936	Purpose of Disbursement see memo entries	Transaction ID : D506-00011j
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harvey's Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 3700 S. U.S. Highway 1		Amount of Each Disbursement this Period 11.95
City Rockledge	State FL	
Zip Code 32955	Purpose of Disbursement food & beverage	Transaction ID : D3-01GK0B
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2790.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Harvey's Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 3700 S. U.S. Highway 1		Amount of Each Disbursement this Period 11.95
City Rockledge	State FL	
Zip Code 32955	Purpose of Disbursement food & beverage	[MEMO ITEM] Memo
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Publix Supermarket</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 3300 Publix Corporate Parkway		Amount of Each Disbursement this Period 37.59
City Lakeland	State FL	
Zip Code 33811	Purpose of Disbursement food & beverage	[MEMO ITEM] Memo
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 579.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	[MEMO ITEM] Memo
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 399.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D9-00Kv3o
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 244.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D10-00Kv3p
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 387.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D11-00Kv3q
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 389.00
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/ Type	
Candidate Name	Transaction ID : D12-00Kv3r	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 244.00
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/ Type	
Candidate Name	Transaction ID : D13-00Kv3s	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 180.00
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/ Type	
Candidate Name	Transaction ID : D14-00Kv3t	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Memo
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 244.00
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/Type	
Candidate Name	Transaction ID : D15-00Kv3u	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	[MEMO ITEM] Memo
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Katie Posey</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1803 Hensley Drive		Amount of Each Disbursement this Period 720.70
City Rockledge	State FL	Zip Code 32955
Purpose of Disbursement see memo entries	Category/Type	
Candidate Name	Transaction ID : D507-00Ku0H	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Katie Posey</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1803 Hensley Drive		Amount of Each Disbursement this Period 67.80
City Rockledge	State FL	Zip Code 32955
Purpose of Disbursement mileage	Category/Type	
Candidate Name	Transaction ID : D5-00Ku0I	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	[MEMO ITEM] Memo
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 108.90
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/Type	
Candidate Name	Transaction ID : D7-00Kv3f	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	[MEMO ITEM] Memo
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 332.90
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/Type	
Candidate Name	Transaction ID : D8-00Kv3g	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	[MEMO ITEM] Memo
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 145.90
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement transportation	Category/Type	
Candidate Name	Transaction ID : D9-00Kv3h	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	[MEMO ITEM] Memo
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Andrew W. Powshok</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 3460 Heild Road		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : D509-01EG01</b>
City West Melbourne	State FL	
Purpose of Disbursement * In-Kind->food & beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Teresa D. Powshok</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 3460 Hield Road		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : D510-01od01</b>
City West Melbourne	State FL	
Purpose of Disbursement * In-Kind->food & beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Republican Women's Federal Forum</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address P. O. Box 3571		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : D546-00Yi0N</b>
City Merrifield	State VA	
Purpose of Disbursement luncheon ticket		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1532.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Studio B Productions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 20 / 2014</b>
Mailing Address <b>323 Carmine Drive</b>		Amount of Each Disbursement this Period <b>750.00</b> <b>Transaction ID : D598-00Rg03</b>
City <b>Cocoa Beach</b> State <b>FL</b> Zip Code <b>32931</b>	Purpose of Disbursement <b>media production</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2014</b>
Mailing Address <b>P. O. Box 105083</b>		Amount of Each Disbursement this Period <b>78.00</b> <b>Transaction ID : D797-00Uq0n</b>
City <b>Atlanta</b> State <b>GA</b> Zip Code <b>30348</b>	Purpose of Disbursement <b>payroll taxes</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 31 / 2014</b>
Mailing Address <b>P. O. Box 105083</b>		Amount of Each Disbursement this Period <b>486.78</b> <b>Transaction ID : D798-00Uq0o</b>
City <b>Atlanta</b> State <b>GA</b> Zip Code <b>30348</b>	Purpose of Disbursement <b>payroll taxes</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1314.78</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2014</b>
Mailing Address <b>P. O. Box 105083</b>		Amount of Each Disbursement this Period <b>16.00</b> Transaction ID : <b>D799-00Uq0p</b>
City <b>Atlanta</b>	State <b>GA</b>	
Zip Code <b>30348</b>	Purpose of Disbursement <b>income taxes</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>P. O. Box 105083</b>		Amount of Each Disbursement this Period <b>486.78</b> Transaction ID : <b>D800-00Uq0q</b>
City <b>Atlanta</b>	State <b>GA</b>	
Zip Code <b>30348</b>	Purpose of Disbursement <b>payroll taxes</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>P. O. Box 105083</b>		Amount of Each Disbursement this Period <b>854.75</b> Transaction ID : <b>D801-00Uq0r</b>
City <b>Atlanta</b>	State <b>GA</b>	
Zip Code <b>30348</b>	Purpose of Disbursement <b>payroll taxes</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1357.53</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1568.76
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : <b>D873-00HS3o</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BJ's Wholesale Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 415 E. Merritt Avenue		Amount of Each Disbursement this Period 311.34
City Merritt Island	State FL	
Zip Code 32953	Purpose of Disbursement food & beverage	Transaction ID : <b>D1-00R10A</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harvey's Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 3700 S. U.S. Highway 1		Amount of Each Disbursement this Period 33.05
City Rockledge	State FL	
Zip Code 32955	Purpose of Disbursement food & beverage	Transaction ID : <b>D2-01GK09</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1568.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Target</b>		M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1000 Nicollet Mall		Amount of Each Disbursement this Period
City Minneapolis State MN Zip Code 55403		64.37
Purpose of Disbursement event supplies		Transaction ID : D4-01DZ08
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Credit Card Item
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. U.S. House of Representatives</b>		M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address Longworth Building		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20515		980.00
Purpose of Disbursement gifts		Transaction ID : D5-00Wb0g
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Credit Card Item
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. U.S. House of Representatives</b>		M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address Longworth Building		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20515		157.00
Purpose of Disbursement gifts		Transaction ID : D6-00Wb0h
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Credit Card Item
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 675.76
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : <b>D874-00HS3p</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address P. O. Box 105262		Amount of Each Disbursement this Period 423.98
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement telephone	Transaction ID : <b>D1-00AS1b</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 5.60
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : <b>D3-004L5a</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	675.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 140.00
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : D4-004L5b
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1551.99
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D875-00HS3q
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayPal-OkMobile</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 2211 N. First Street		Amount of Each Disbursement this Period 779.97
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement telephone	Transaction ID : D5-01Dd05
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1551.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Ted's Bulletin</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 505 8th Street, S.E.		Amount of Each Disbursement this Period 255.70
City Washington State DC Zip Code 20003	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	<b>Transaction ID : D6-011h01</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. Trattoria Alberto</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 506 8th Street, S.E.		Amount of Each Disbursement this Period 268.10
City Washington State DC Zip Code 20003	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	<b>Transaction ID : D7-00mY05</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 19.94
City Melbourne State FL Zip Code 32935	Purpose of Disbursement postage	
Candidate Name	Category/Type	<b>Transaction ID : D8-004L5c</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 9.20
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : D9-004L5d
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 5.95
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : D10-004L5e
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 227.16
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D876-00HS3r
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	227.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 6.26
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Transaction ID : D1-00lw1L
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 11.18
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Transaction ID : D2-00lw1M
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address P. O. Box 689020		Amount of Each Disbursement this Period 186.41
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement office supplies	Transaction ID : D3-00IS0k
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 108	
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address P. O. Box 689020		Amount of Each Disbursement this Period 23.31
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement office supplies	Transaction ID : D4-00IS01
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 44.47
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D877-00HS3s
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address U.S. Capitol, Longworth Building		Amount of Each Disbursement this Period 34.50
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement gifts	Transaction ID : D1-01CA0E
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 9.97
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : D2-004L5f
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 2163.37
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D878-00HS3t
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Allsports Grand Prix</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 45915 Maries Road, #170		Amount of Each Disbursement this Period 1520.00
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement event tickets	Transaction ID : D1-01k803
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2163.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. U.S. House of Representatives</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address U.S. Capitol, Longworth Building			Amount of Each Disbursement this Period 543.05
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement gifts	Candidate Name		Transaction ID : D6-01CA0D
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. Visa</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 139.20
City Tampa	State FL	Zip Code 33630	
Purpose of Disbursement see memo entries	Candidate Name		Transaction ID : D879-00HS3u
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 6600 N. Military Trail			Amount of Each Disbursement this Period 33.49
City Boca Raton	State FL	Zip Code 33496	
Purpose of Disbursement office supplies	Candidate Name		Transaction ID : D2-00lw1N
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		[MEMO ITEM] Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	139.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 108	
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Publix Supermarket</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 3300 Publix Corporate Parkway		Amount of Each Disbursement this Period 97.11
City Lakeland	State FL	
Zip Code 33811	Purpose of Disbursement food & beverage	Transaction ID : D3-00N10K
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 539.85
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D880-00HS3w
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SafeCart.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1205-4464 Markham Street		Amount of Each Disbursement this Period 150.00
City Victoria BC V8Z 7X8	State	
Zip Code	Purpose of Disbursement tech support	Transaction ID : D2-01kJ03
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	539.85
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 9.80
City Melbourne	State FL Zip Code 32935	
Purpose of Disbursement postage	Candidate Name	Transaction ID : D3-004L5g
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. Windows Catering Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 5724 General Washington Drive		Amount of Each Disbursement this Period 362.67
City Alexandria	State VA Zip Code 22312	
Purpose of Disbursement catering	Candidate Name	Transaction ID : D4-01HH02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) <b>C. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 393.48
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement see memo entries	Candidate Name	Transaction ID : D881-00HS3x
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	393.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 157.75
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Transaction ID : D4-00lw10
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1569.23
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D882-00HS3y
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Allsports Grand Prix</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 45915 Maries Road, #170		Amount of Each Disbursement this Period 275.00
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement event tickets	Transaction ID : D1-01k804
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1569.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Cosi</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1001 Pennsylvania Avenue, N.W.		Amount of Each Disbursement this Period 220.58
City Washington	State DC	
Zip Code 20004		[MEMO ITEM] Credit Card Item
Purpose of Disbursement food & beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Reston Limousine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 45685 Elmwood Court		Amount of Each Disbursement this Period 247.50
City Sterling	State VA	
Zip Code 20166		[MEMO ITEM] Credit Card Item
Purpose of Disbursement transportation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Reston Limousine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 45685 Elmwood Court		Amount of Each Disbursement this Period 247.50
City Sterling	State VA	
Zip Code 20166		[MEMO ITEM] Credit Card Item
Purpose of Disbursement transportation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 108	
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Symantec Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 350 Ellis Street		Amount of Each Disbursement this Period 79.99
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement software	Transaction ID : D6-01HN07
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Target</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1000 Nicollet Mall		Amount of Each Disbursement this Period 58.12
City Minneapolis	State MN	
Zip Code 55403	Purpose of Disbursement office supplies	Transaction ID : D7-01DZ09
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 400 1st Street, S.E.		Amount of Each Disbursement this Period 433.39
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement food & beverage	Transaction ID : D8-00Yh0C
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 65.45
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement no itemization required	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 2300.38
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 327.49
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2365.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 108	
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 91.35
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Transaction ID : D9-00lw1Q
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 196.00
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement postage	Transaction ID : D10-00lw1R
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 207.54
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Transaction ID : D11-00lw1S
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 66.24
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement office supplies	[MEMO ITEM] Credit Card Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 394.85
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	[MEMO ITEM] Credit Card Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 306.87
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	[MEMO ITEM] Credit Card Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 115.54
City Boca Raton	State FL	
Purpose of Disbursement printing	Zip Code 33496	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 204.99
City Boca Raton	State FL	
Purpose of Disbursement printing	Zip Code 33496	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Publix Supermarket</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 3300 Publix Corporate Parkway		Amount of Each Disbursement this Period 91.83
City Lakeland	State FL	
Purpose of Disbursement food & beverage	Zip Code 33811	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014		
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 2500.00		
City Tampa	State FL	Zip Code 33606	Transaction ID : D910-001H1J		
Purpose of Disbursement accounting services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014		
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 2500.00		
City Tampa	State FL	Zip Code 33606	Transaction ID : D911-001H1K		
Purpose of Disbursement accounting services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Robert Watkins &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014		
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 2500.00		
City Tampa	State FL	Zip Code 33606	Transaction ID : D912-001H1L		
Purpose of Disbursement accounting services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 108			
	<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)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. eDonations.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 17.32
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement online fundraising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. eDonations.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 501.11
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement online fundraising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. eDonations.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 36.67
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement online fundraising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	555.10
<b>TOTAL</b> This Period (last page this line number only).....	75458.11

**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 107 OF 108	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**

Full Name (Last, First, Middle Initial) <b>A. Friends of David Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2014</b>
Mailing Address <b>P. O. Box 1158</b>		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : <b>D376-01Io01</b>
City <b>Indian Rocks Beach</b>	State <b>FL</b>	
Zip Code <b>33785</b>	Purpose of Disbursement contribution	Category/Type
Candidate Name <b>David Jolly</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	State: <b>FL</b> District: <b>13</b>	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) <b>Special Primary Debt</b>

Full Name (Last, First, Middle Initial) <b>B. Friends of David Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 17 / 2014</b>
Mailing Address <b>P. O. Box 1158</b>		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : <b>D377-01Io02</b>
City <b>Indian Rocks Beach</b>	State <b>FL</b>	
Zip Code <b>33785</b>	Purpose of Disbursement contribution	Category/Type
Candidate Name <b>David Jolly</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	State: <b>FL</b> District: <b>13</b>	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) <b>Special General</b>

Full Name (Last, First, Middle Initial) <b>c. Maggie's List</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 23 / 2014</b>
Mailing Address <b>6675 Weeping Willow Way</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D391-01Ei02</b>
City <b>Tallahassee</b>	State <b>FL</b>	
Zip Code <b>32311</b>	Purpose of Disbursement contribution	Category/Type
Candidate Name <b>Maggie's List</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	State: District:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

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