

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

BRONSON FOR CONGRESS

ADDRESS (number and street)

PO BPOX 1507

Check if different than previously reported. (ACC)

LEHIGH ACRES

FL

33970

2. FEC IDENTIFICATION NUMBER ▼

C C00563353

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL

17

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 MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 08 / 07 / 2014

through

MM / DD / YYYY 09 / 30 / 2014

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

Type or Print Name of Treasurer WILL BRONSON

Signature of Treasurer WILL BRONSON

[Electronically Filed]

Date

MM / DD / YYYY 10 / 09 / 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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BRONSON FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1339.80	17152.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1339.80	17152.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	630.57	3991.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	630.57	3991.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	438.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2100.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BRONSON FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	820.00	9070.00
(ii) Unitemized.....	519.80	4832.07
(iii) TOTAL of contributions from individuals ▶	1339.80	13902.07
(b) Political Party Committees.....	0.00	250.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	3000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1339.80	17152.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2100.00	2100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2100.00	2100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3439.80	19252.07

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	630.57	3991.41
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	2982.16	14822.16
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3612.73	18813.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	611.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3439.80
25. SUBTOTAL (add Line 23 and Line 24).....	4051.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3612.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	438.50

**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 11
	<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)
BRONSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KAMESH ALYER

Mailing Address 11 MAGAZINE ST

City State Zip Code
CAMBRIDGE MA 02139

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

Name of Employer Occupation
SELF DOCTOR

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
09 17 2014

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period
250.00

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

Mailing Address 106 Birdfish Lane

City State Zip Code
Jupiter FL 33477

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

Name of Employer Occupation
Delta Airline pilot

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
570.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 19 2014

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
570.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

820.00

820.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 11	
	<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)
BRONSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bradley Burdette		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4356
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bradley Burdette		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4357
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11			
	<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)
BRONSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bradley Burdette		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4328
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bradley Burdette		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4332
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Bradley Burdette		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4333
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<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)
BRONSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bradley Burdette		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4334
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bradley Burdette		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4336
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Bradley Burdette		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 14001 Barcelona Av		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4337
City Ft Myers	State FL	
Zip Code 33905	Purpose of Disbursement CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 11	
	<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)
BRONSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOT PRINT		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 7625 N SAN FERNANDO RD		Amount of Each Disbursement this Period 128.40
City BURBANK	State CA	
Zip Code 91505	Purpose of Disbursement ANIMAL RIGHTS FLYER	Transaction ID : SB21.4322
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PETTY CASH		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 2805 E 5TH ST		Amount of Each Disbursement this Period 400.00
City LEHIGH ACRES	State FL	
Zip Code 33972	Purpose of Disbursement OFFICE SUPPLIES, GAS, MEALS ON ROAD	Transaction ID : SB21.4341
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	528.40
TOTAL This Period (last page this line number only).....	2328.40

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BRONSON FOR CONGRESS** Transaction ID : **SC/10.4338**

LOAN SOURCE Full Name (Last, First, Middle Initial) WILL BRONSON	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1507	

City	State	ZIP Code
LEHIGH ACRES	FL	33970

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 16 / 2014	1/1/2015	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	2100.00
TOTALS This Period (last page in this line only).....	▶	2100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.