

# 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

GLO for Congress

ADDRESS (number and street)

133 South Harbor Drive

Check if different than previously reported. (ACC)

Venice

FL

34285

2. FEC IDENTIFICATION NUMBER ▼

C C00545814

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

05

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

through

M M /

D D /

Y Y Y Y

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 Eric Robinson

Signature of Treasurer Eric Robinson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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  
**GLO for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 19935.00                | 111141.85                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 19935.00                | 111141.85                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 21484.92                | 105727.91                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 45.24                   | 130.84                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 21439.68                | 105597.07                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 5544.78                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**GLO for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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).....   | 9965.00                               | 67713.38                                   |
| (ii) Unitemized.....   | 6470.00                               | 29428.47                                   |
| (iii) TOTAL of contributions from individuals ▶  | 16435.00                              | 97141.85                                   |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 3500.00                               | 5000.00                                    |
| (d) The Candidate.....   | 0.00                                  | 9000.00                                    |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 19935.00                              | 111141.85                                  |
| <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>                                | 45.24                                 | 130.84                                     |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 19980.24                              | 111272.69                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 21484.92                      | 105727.91                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 21484.92                      | 105727.91                          |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 7049.46  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 19980.24 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 27029.70 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 21484.92 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 5544.78  |

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

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

FOR LINE NUMBER: PAGE 5 OF 49  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. RICHARD BAKER**

Mailing Address 5392 CLIFTON RD

City State Zip Code  
JACKSONVILLE FL 32233

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

Name of Employer Occupation  
FLORIDA ROADS CONSTRUCTION CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.5536**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFF CAMARDA**

Mailing Address 4371 US HWY 17 #201

City State Zip Code  
FLEMING ISLAND FL 32003

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

Name of Employer Occupation  
CAMARDA FINANCIAL 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  
 08 / 25 / 2014

**Transaction ID : SA11AI.5730**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**HELEN R CHESTNUT**

Mailing Address 77 PONTE VEDRA COLONY CIR

City State Zip Code  
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation  
RETIRED 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  
 09 / 10 / 2014

**Transaction ID : SA11AI.5773**

Amount of Each Receipt this Period  
50.00

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

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

1050.00

**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 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TODD L COLEMAN**

Mailing Address 11333 PORTSIDE DR

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer CHIC FILA Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.5813**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN DAVID COXWELL**

Mailing Address 3490 OTIS RD

City JACKSONVILLE State FL Zip Code 32220

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

Name of Employer JB COXWELL Occupation CONTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.5523**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ELIZABETH ANN FRANCIS**

Mailing Address 3512 OGLEBAY DR

City GREEN COVE SPRINGS State FL Zip Code 32043

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.5698**

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:<br>(check only one)   | PAGE 7 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM C HORNE**

Mailing Address 6324 DICKENS DR

City JACKSONVILLE State FL Zip Code 32244

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11AI.5575**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM C HORNE**

Mailing Address 6324 DICKENS DR

City JACKSONVILLE State FL Zip Code 32244

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.5772**

Amount of Each Receipt this Period  
**40.00**

**C.** Full Name (Last, First, Middle Initial)  
**RICKEY HOWARD**

Mailing Address 1738 COLONIAL DR

City GREEN COVE SPRINGS State FL Zip Code 32043

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

Name of Employer AIR TO AIR INC Occupation A/C CONTRACTOR

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  
**09 / 30 / 2014**

**Transaction ID : SA11AI.5849**

Amount of Each Receipt this Period  
**250.00**

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

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

**315.00**

**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 8 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL JACKSON**

Mailing Address 384 TIEDEWATER CIR N

City JACKSONVILLE State FL Zip Code 32211

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

Name of Employer TECTRON ENGINEERING Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : SA11AI.5544**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**AJ JOHNS**

Mailing Address 12608 MANDARIN RD

City JACKSONVILLE State FL Zip Code 32223

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

Name of Employer AJ JOHNS INC Occupation 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  
 08 / 07 / 2014

**Transaction ID : SA11AI.5553**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**KEITH KESSLER**

Mailing Address 12718 CORMORANT COVE

City JACKSONVILLE State FL Zip Code 32223

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

Name of Employer KESSLER CREATIVE Occupation 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  
 08 / 22 / 2014

**Transaction ID : SA11AI.5609**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KEITH KESSLER**

Mailing Address 12718 CORMORANT COVE

City JACKSONVILLE State FL Zip Code 32223

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

Name of Employer KESSLER CREATIVE 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  
**09 / 30 / 2014**

**Transaction ID : SA11AI.5857**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W KIRKLAND**

Mailing Address 13972 N COUNTY RD 23-A

City MACCLENNY State FL Zip Code 32063

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

Name of Employer AJ JOHNS Occupation CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : SA11AI.5552**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**WALTER V KLOSS**

Mailing Address 3167 FIELDCREST DR

City MIDDLEBURG State FL Zip Code 32068

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

Name of Employer MANTMAN GROUP Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11AI.5728**

Amount of Each Receipt this Period  
**250.00**

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

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

**850.00**

**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 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CARLYLE R MARTIN**

Mailing Address **1893 KINGLSEY AVE**

City **ORANGE PARK** State **FL** Zip Code **32073**

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

Name of Employer **MARTIN PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.5843**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE D NIPPER**

Mailing Address **P O BOX 26122**

City **JACKSONVILLE** State **FL** Zip Code **32226**

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

Name of Employer **TROUT RIVER FISH COMPANY** Occupation **FISHERMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.5800**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**FITZHUGH K POWELL Jr.**

Mailing Address **219 N NEWMAN ST**

City **JACKSONVILLE** State **FL** Zip Code **32202**

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

Name of Employer **CECIL W POWELL & COMPANY** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : SA11AI.5555**

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 11 OF 49  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL R PRINCE**

Mailing Address **9149 AGINCOURT LANE**

City **JACKSONVILLE** State **FL** Zip Code **32257**

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

Name of Employer **RETIRED** 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  
**08 / 25 / 2014**

**Transaction ID : SA11AI.5720**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH PURCELL**

Mailing Address **P O BOX 43669**

City **JACKSONVILLE** State **FL** Zip Code **32203**

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

Name of Employer **PURCELL INVESTMENTS LLC** Occupation **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.5796**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES R SAALFIELD**

Mailing Address **214 30TH AVE S**

City **JACKSONVILLE** State **FL** Zip Code **32250**

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

Name of Employer **BEARD EQUIPMENT CO** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.5776**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2300.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 12 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TOM SLADE**

Mailing Address 2119 WINTERBOURNE

City ORANGE PARK State FL Zip Code 32073

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

Name of Employer RETIRED Occupation 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  
 08 / 25 / 2014

**Transaction ID : SA11AI.5696**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 611 PONTE VEDRA BLVD

City PONTE VEDRA BEACH State FL Zip Code 32082

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

Name of Employer RETIRED Occupation 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  
 09 / 30 / 2014

**Transaction ID : SA11AI.5846**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**LYNN WATSON**

Mailing Address 2371 BRIDGETTE WAY

City FLEMING ISLAND State FL Zip Code 32003

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

Name of Employer RETIRED Occupation 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  
 08 / 18 / 2014

**Transaction ID : SA11AI.5588**

Amount of Each Receipt this Period  
 200.00

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

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

600.00

**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 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL W WOODALL**

Mailing Address **P O BOX 60218**

City **JACKSONVILLE** State **FL** Zip Code **32236**

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

Name of Employer **JOHN WOODY INC** Occupation **EXECUTIVE**

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  
**08 / 07 / 2014**

**Transaction ID : SA11AI.5548**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**CINDY YOUELL**

Mailing Address **351 PRIMA VERA COVE**

City **ALTAMONTE SPRINGS** State **FL** Zip Code **32714**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

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  
**08 / 21 / 2014**

**Transaction ID : SA11AI.5605**

Amount of Each Receipt this Period  
**500.00**

**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).....

**750.00**

**9965.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 14 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BLACK REPUBLICAN PAC**

Mailing Address 2776 S ARLINGTON MILL DR #806  
ATTN: SCOTT B MACKENZIE

City ARLINGTON State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C** C00437053

Name of Employer Occupation

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  
 09 / 30 / 2014

**Transaction ID : SA11C.5854**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO BOX 295

City CHRISTIANSTED State VI Zip Code 00821

FEC ID number of contributing federal political committee. **C** C00553560

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.5852**

Amount of Each Receipt this Period  
2500.00

**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).....

3500.00

3500.00

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 15 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CARL ALLEN</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 27 / 2014                               |
| Mailing Address P O BOX 11835   |  | Amount of Each Disbursement this Period<br>300.00<br><b>Transaction ID : SB17.5694</b> |
| City<br>JACKSONVILLE  | State<br>FL  |  |
| Purpose of Disbursement<br>DJ SERVICES @ 8/26 EVENT   |  | Category/<br>Type<br>001   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NICOLE ALOI</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 25 / 2014                               |
| Mailing Address 1859 E ADAMS ST   |  | Amount of Each Disbursement this Period<br>150.00<br><b>Transaction ID : SB17.5668</b> |
| City<br>JACKSONVILLE  | State<br>FL  |  |
| Purpose of Disbursement<br>CLERICAL WORK  |  | Category/<br>Type<br>001   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NICOLE ALOI</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 03 / 2014                               |
| Mailing Address 1859 E ADAMS ST   |  | Amount of Each Disbursement this Period<br>150.00<br><b>Transaction ID : SB17.5876</b> |
| City<br>JACKSONVILLE  | State<br>FL  |  |
| Purpose of Disbursement<br>CAMPAIGN ADMIN WORKER  |  | Category/<br>Type<br>001   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 600.00 |
| <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:<br>(check only one)  | PAGE 16 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. NICOLE ALOI</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 12 / 2014                         |
| Mailing Address 1859 E ADAMS ST                                  |  | Amount of Each Disbursement this Period<br>75.00<br><b>Transaction ID : SB17.5919</b> |
| City JACKSONVILLE State FL Zip Code 32202                        | Purpose of Disbursement<br>CAMPAIGN ADMIN WORKER<br>001<br>Category/Type   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |   |
| State: District:   | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NICOLE ALOI</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 19 / 2014                         |
| Mailing Address 1859 E ADAMS ST                                  |  | Amount of Each Disbursement this Period<br>75.00<br><b>Transaction ID : SB17.5943</b> |
| City JACKSONVILLE State FL Zip Code 32202                        | Purpose of Disbursement<br>CAMPAIGN ADMIN WORK<br>001<br>Category/Type   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |   |
| State: District:   | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NICOLE ALOI</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 29 / 2014                         |
| Mailing Address 1859 E ADAMS ST                                  |  | Amount of Each Disbursement this Period<br>75.00<br><b>Transaction ID : SB17.5965</b> |
| City JACKSONVILLE State FL Zip Code 32202                        | Purpose of Disbursement<br>CAMPAIGN ADMIN WORK<br>001<br>Category/Type   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |   |
| State: District:   | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 225.00 |
| <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:<br>(check only one)  | PAGE 17 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ASHLEY ST CATERING</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014                           |
| Mailing Address 613 W ASHLEY ST   |  | Amount of Each Disbursement this Period<br>1065.00<br><b>Transaction ID : SB17.5672</b> |
| City JACKSONVILLE State FL Zip Code 32202                               | Purpose of Disbursement CATERING FOR 8/26 EVENT<br>Category/Type 003   |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. COMMODORES POINT PROPERTIES LTD</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 13 / 2014                          |
| Mailing Address 1 INDEPENDENT DR #1600   |  | Amount of Each Disbursement this Period<br>332.89<br><b>Transaction ID : SB17.5629</b> |
| City JACKSONVILLE State FL Zip Code 32202  | Purpose of Disbursement UTILITIES FOR CAMPAIGN OFFICE<br>Category/Type 001   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. COMMODORES POINT PROPERTIES LTD</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 25 / 2014                          |
| Mailing Address 1 INDEPENDENT DR #1600   |  | Amount of Each Disbursement this Period<br>535.00<br><b>Transaction ID : SB17.5669</b> |
| City JACKSONVILLE State FL Zip Code 32202  | Purpose of Disbursement OFFICE RENT<br>Category/Type 001   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1932.89 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 18 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. COMMODORES POINT PROPERTIES LTD</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 25 / 2014                          |
| Mailing Address 1 INDEPENDENT DR #1600   |   | Amount of Each Disbursement this Period<br>535.00<br><b>Transaction ID : SB17.5963</b> |
| City JACKSONVILLE State FL Zip Code 32202  | Purpose of Disbursement OFFICE RENT<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)<br>State: District: |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CORR DIGITAL</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 12 / 2014                           |
| Mailing Address 6100 PHILLIPS HWY                                 |  | Amount of Each Disbursement this Period<br>4608.22<br><b>Transaction ID : SB17.5921</b> |
| City JACKSONVILLE State FL Zip Code 32216                         | Purpose of Disbursement CAMPAIGN SIGNS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)<br>State: District: |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. COURTNEY FORNOF</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014                          |
| Mailing Address 4815 SE 11TH PL                                      |   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : SB17.5872</b> |
| City OCALA State FL Zip Code 34471                                   | Purpose of Disbursement CAMPAIGN ADMIN WORK<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)<br>State: District: |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5343.22 |
| <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:<br>(check only one)  | PAGE 19 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |                          |   |  |  |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JACKSON UNIFORM MAN INC</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 04 / 2014 |  |  |
| Mailing Address 1642 N MAIN ST  |  |                          | Amount of Each Disbursement this Period<br>264.00             |  |  |
| City<br>JACKSONVILLE  | State<br>FL  | Zip Code<br>32206        | Transaction ID : SB17.5891                                    |  |  |
| Purpose of Disbursement<br>PRINTING-CAMPAIGN TSHIRTS  |  | Category/<br>Type<br>001 |   |  |  |
| Candidate Name  |  |                          |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |  |
| State: _____  | District: _____  |                          |   |  |  |

|  |  |                          |   |  |  |
|--|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 11 / 2014 |  |  |
| Mailing Address 401 W 15TH ST  |  |                          | Amount of Each Disbursement this Period<br>29.00              |  |  |
| City<br>AUSTIN   | State<br>TX  | Zip Code<br>78701        | Transaction ID : SB17.5756                                    |  |  |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE  |  | Category/<br>Type<br>003 |   |  |  |
| Candidate Name   |  |                          |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |  |
| State: _____   | District: _____  |                          |   |  |  |

|  |  |                          |   |  |  |
|--|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 12 / 2014 |  |  |
| Mailing Address 401 W 15TH ST  |  |                          | Amount of Each Disbursement this Period<br>7.19               |  |  |
| City<br>AUSTIN   | State<br>TX  | Zip Code<br>78701        | Transaction ID : SB17.5559                                    |  |  |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE  |  | Category/<br>Type<br>003 |   |  |  |
| Candidate Name   |  |                          |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |  |
| State: _____   | District: _____  |                          |   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 300.19 |
| <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:<br>(check only one)  | PAGE 20 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 13 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>8.34<br><b>Transaction ID : SB17.5563</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 13 / 2014                         |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>29.00<br><b>Transaction ID : SB17.5757</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 14 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>5.75<br><b>Transaction ID : SB17.5569</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 43.09 |
| <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:<br>(check only one)  | PAGE 21 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 15 / 2014                             |
| Mailing Address 401 W 15TH ST                              |  | Amount of Each Disbursement this Period<br>7.19<br><b>Transaction ID : SB17.5580</b> |
| City AUSTIN State TX Zip Code 78701                        | Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE<br>Category/Type 003   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 18 / 2014                              |
| Mailing Address 401 W 15TH ST                              |  | Amount of Each Disbursement this Period<br>23.01<br><b>Transaction ID : SB17.5585</b> |
| City AUSTIN State TX Zip Code 78701                        | Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE<br>Category/Type 003   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 20 / 2014                             |
| Mailing Address 401 W 15TH ST                              |  | Amount of Each Disbursement this Period<br>5.76<br><b>Transaction ID : SB17.5595</b> |
| City AUSTIN State TX Zip Code 78701                        | Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE<br>Category/Type 003   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 35.96 |
| <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:<br>(check only one)  | PAGE 22 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 21 / 2014 |  |  |
| Mailing Address 401 W 15TH ST                              |  |  | Amount of Each Disbursement this Period<br>30.19              |  |  |
| City<br>AUSTIN   | State<br>TX  | Zip Code<br>78701  | Transaction ID : SB17.5602                                    |  |  |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE      |  | Category/<br>Type<br>003   |   |  |  |
| Candidate Name   |  |  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:  |  |   |  |  |

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|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 22 / 2014 |  |  |
| Mailing Address 401 W 15TH ST                              |  |  | Amount of Each Disbursement this Period<br>14.38              |  |  |
| City<br>AUSTIN   | State<br>TX  | Zip Code<br>78701  | Transaction ID : SB17.5607                                    |  |  |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE      |  | Category/<br>Type<br>003   |   |  |  |
| Candidate Name   |  |  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:  |  |   |  |  |

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|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 25 / 2014 |  |  |
| Mailing Address 401 W 15TH ST                              |  |  | Amount of Each Disbursement this Period<br>2.88               |  |  |
| City<br>AUSTIN   | State<br>TX  | Zip Code<br>78701  | Transaction ID : SB17.5610                                    |  |  |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE      |  | Category/<br>Type<br>003   |   |  |  |
| Candidate Name   |  |  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:  |  |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 47.45 |
| <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:<br>(check only one)  | PAGE 23 OF 49 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 26 / 2014                        |
| Mailing Address 401 W 15TH ST                              |  | Amount of Each Disbursement this Period<br>5.72<br><b>Transaction ID : SB17.5736</b> |
| City AUSTIN State TX Zip Code 78701                        | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Category/Type 003  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014                        |
| Mailing Address 401 W 15TH ST                              |  | Amount of Each Disbursement this Period<br>4.32<br><b>Transaction ID : SB17.5740</b> |
| City AUSTIN State TX Zip Code 78701                        | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Category/Type 003  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014                        |
| Mailing Address 401 W 15TH ST                              |  | Amount of Each Disbursement this Period<br>1.44<br><b>Transaction ID : SB17.5758</b> |
| City AUSTIN State TX Zip Code 78701                        | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Category/Type 003  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 11.48 |
| <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:<br>(check only one)  | PAGE 24 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014                         |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>11.50<br><b>Transaction ID : SB17.5761</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>1.44<br><b>Transaction ID : SB17.5765</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>5.75<br><b>Transaction ID : SB17.5798</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 18.69 |
| <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:<br>(check only one)          | PAGE 25 OF 49                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>1.44<br><b>Transaction ID : SB17.5817</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 23 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>5.75<br><b>Transaction ID : SB17.5820</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2014                        |
| Mailing Address 401 W 15TH ST  |   | Amount of Each Disbursement this Period<br>7.19<br><b>Transaction ID : SB17.5823</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 14.38 |
| <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:<br>(check only one)          | PAGE 26 OF 49                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 25 / 2014                             |
| Mailing Address 401 W 15TH ST  |  | Amount of Each Disbursement this Period<br>1.44<br><b>Transaction ID : SB17.5828</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003  |  |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/><br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2014                              |
| Mailing Address 401 W 15TH ST  |  | Amount of Each Disbursement this Period<br>28.75<br><b>Transaction ID : SB17.5856</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003  |   |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/><br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2014                             |
| Mailing Address 401 W 15TH ST  |  | Amount of Each Disbursement this Period<br>8.05<br><b>Transaction ID : SB17.5858</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Candidate Name<br>Category/Type 003  |  |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/><br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 38.24 |
| <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 27 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2014                         |
| Mailing Address 401 W 15TH ST                              |   | Amount of Each Disbursement this Period<br>11.51<br><b>Transaction ID : SB17.5863</b> |
| City<br>AUSTIN   | State<br>TX   |   |
| Zip Code<br>78701  | Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   | Category/<br>Type<br>003  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014                                     | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |   |
| State: District:   | Other (specify)   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. REPUBLIC POLLING INC</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 11 / 2014                           |
| Mailing Address 2711 CENTERVILLE RD #400                                  |   | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : SB17.5624</b> |
| City<br>WILMINGTON  | State<br>DE   |   |
| Zip Code<br>19801   | Purpose of Disbursement<br>FUNDRAISING CONSULTANT FEE   | Category/<br>Type<br>003  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| State: District:  | Other (specify)   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. REPUBLIC POLLING INC</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2014                           |
| Mailing Address 2711 CENTERVILLE RD #400                                  |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.5899</b> |
| City<br>WILMINGTON  | State<br>DE   |   |
| Zip Code<br>19801   | Purpose of Disbursement<br>FUNDRAISING CONSULTING FEE   | Category/<br>Type<br>003  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |   |
| State: District:  | Other (specify)   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3511.51 |
| <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:<br>(check only one)  | PAGE 28 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBINSON HANKS YOUNG &amp; ROBERTS PA</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 13 / 2014 |
| Mailing Address 133 S HARBOR DRIVE   |  | Amount of Each Disbursement this Period<br>78.72              |
| City VENICE State FL Zip Code 34285  | Purpose of Disbursement REIMB FOR FEDEX CHARGES<br>Category/Type 001   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <b>Transaction ID : SB17.5645</b>                             |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FEDERAL EXPRESS</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 13 / 2014 |
| Mailing Address 942 S SHADY GROVE RD                                 |  | Amount of Each Disbursement this Period<br>78.72              |
| City MEMPHIS State TN Zip Code 38120                                 | Purpose of Disbursement SHIPPING COSTS<br>Category/Type 001  |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <b>Transaction ID : SB17.5645.0</b><br><b>[MEMO ITEM]</b>     |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBINSON HANKS YOUNG &amp; ROBERTS PA</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014 |
| Mailing Address 133 S HARBOR DRIVE   |  | Amount of Each Disbursement this Period<br>85.02              |
| City VENICE State FL Zip Code 34285  | Purpose of Disbursement REIMB FOR FEDEX CHARGES<br>Category/Type 001   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <b>Transaction ID : SB17.5670</b>                             |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 163.74 |
| <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:<br>(check only one)  | PAGE 29 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FEDERAL EXPRESS</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014 |
| Mailing Address 942 S SHADY GROVE RD                                 |   |  | Amount of Each Disbursement this Period<br>85.02              |
| City<br>MEMPHIS  | State<br>TN   | Zip Code<br>38120  |   |
| Purpose of Disbursement<br>SHIPPING COSTS                            |   | Category/<br>Type<br>001   | <b>Transaction ID : SB17.5670.0</b><br><br><b>[MEMO ITEM]</b> |
| Candidate Name   |   |  |   |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:   | District:   |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBINSON HANKS YOUNG &amp; ROBERTS PA</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014 |
| Mailing Address 133 S HARBOR DRIVE   |   |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>VENICE   | State<br>FL   | Zip Code<br>34285  |   |
| Purpose of Disbursement<br>ACCOUNTING SERVICES   |   | Category/<br>Type<br>001   | <b>Transaction ID : SB17.5875</b>                             |
| Candidate Name   |   |  |   |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:   | District:   |  |   |

|  |   |  |   |
|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBINSON HANKS YOUNG &amp; ROBERTS PA</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 11 / 2014 |
| Mailing Address 133 S HARBOR DRIVE   |   |  | Amount of Each Disbursement this Period<br>98.33              |
| City<br>VENICE   | State<br>FL   | Zip Code<br>34285  |   |
| Purpose of Disbursement<br>REIMB FOR FEDEX CHARGES   |   | Category/<br>Type<br>001   | <b>Transaction ID : SB17.5917</b>                             |
| Candidate Name   |   |  |   |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:   | District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 598.33 |
| <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 30 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement SHIPPING CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 11 / 2014

Amount of Each Disbursement this Period: 98.33

Transaction ID : SB17.5917.0

[MEMO ITEM]

**B. ROBINSON HANKS YOUNG & ROBERTS PA**

Full Name (Last, First, Middle Initial)  
Mailing Address 133 S HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement REIMB FOR FEDEX CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 42.94

Transaction ID : SB17.5966

**C. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement SHIPPING COSTS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 42.94

Transaction ID : SB17.5966.0

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 42.94

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 31 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROSEN SHINGLE CREEK HOTEL</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2014                          |
| Mailing Address 9939 UNIVERSAL BLVD  |  |  | Amount of Each Disbursement this Period<br>334.14<br><b>Transaction ID : SB17.5915</b> |
| City<br>ORLANDO  | State<br>FL  | Zip Code<br>32819  |  |
| Purpose of Disbursement<br>HOTEL CHARGE  |  | Category/<br>Type<br>002   |  |
| Candidate Name   |  |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:   | District:  |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROSEN SHINGLE CREEK HOTEL</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 11 / 2014                          |
| Mailing Address 9939 UNIVERSAL BLVD  |  |  | Amount of Each Disbursement this Period<br>111.38<br><b>Transaction ID : SB17.5916</b> |
| City<br>ORLANDO  | State<br>FL  | Zip Code<br>32819  |  |
| Purpose of Disbursement<br>HOTEL ROOM CHARGE                                   |  | Category/<br>Type<br>002   |  |
| Candidate Name   |  |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:   | District:  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GLOREATHA SCURRY-SMITH</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 07 / 2014                          |
| Mailing Address 1661 CINNAMON FERN COURT                                    |  |  | Amount of Each Disbursement this Period<br>208.47<br><b>Transaction ID : SB17.5613</b> |
| City<br>FLEMING ISLAND  | State<br>FL  | Zip Code<br>32003  |  |
| Purpose of Disbursement<br>REIMB FOR CAMPAIGN EXPENSES                      |  | Category/<br>Type<br>001   |  |
| Candidate Name  |  |  |  |
| Office Sought:  | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: FL   | District: 05   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 653.99 |
| <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 32 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A. SAMS CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 10690 BEACH BLVD

City JACKSONVILLE State FL Zip Code 32246

Purpose of Disbursement FOOD FOR FUNDRAISER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 07 / 2014

Amount of Each Disbursement this Period: 57.88

Transaction ID : SB17.5613.0

**[MEMO ITEM]**

**B. WALMART**

Full Name (Last, First, Middle Initial)  
Mailing Address 1505 COUNTY RD 220

City ORANGE PARK State FL Zip Code 32003

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 07 / 2014

Amount of Each Disbursement this Period: 27.20

Transaction ID : SB17.5613.1

**[MEMO ITEM]**

**C. GATE GAS STATION**

Full Name (Last, First, Middle Initial)  
Mailing Address 3210 US HWY 17

City ORANGE PARK State FL Zip Code 32073

Purpose of Disbursement FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 07 / 2014

Amount of Each Disbursement this Period: 37.02

Transaction ID : SB17.5613.5

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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:<br>(check only one)  | PAGE 33 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GLOREATHA SCURRY-SMITH</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 13 / 2014</b> |
| Mailing Address <b>1661 CINNAMON FERN COURT</b>   |   | Amount of Each Disbursement this Period<br><b>274.78</b>             |
| City <b>FLEMING ISLAND</b> State <b>FL</b> Zip Code <b>32003</b>  | Purpose of Disbursement<br><b>REIMB FOR CAMPAIGN EXPENSES</b> |  |
| Candidate Name  | Category/Type<br><b>002</b>                                   | <b>Transaction ID : SB17.5630</b>                                    |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |
| State: <b>FL</b> District: <b>05</b>  |   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RACETRAC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 13 / 2014</b> |
| Mailing Address <b>3106 HIGHWAY 17</b>   |  | Amount of Each Disbursement this Period<br><b>46.77</b>              |
| City <b>GREEN COVE</b> State <b>FL</b> Zip Code <b>32043</b>   | Purpose of Disbursement<br><b>FUEL</b> |  |
| Candidate Name   | Category/Type<br><b>002</b>            | <b>Transaction ID : SB17.5630.0</b><br><b>[MEMO ITEM]</b>            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>C. GLOREATHA SCURRY-SMITH</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 19 / 2014</b> |
| Mailing Address <b>1661 CINNAMON FERN COURT</b>   |   | Amount of Each Disbursement this Period<br><b>307.35</b>             |
| City <b>FLEMING ISLAND</b> State <b>FL</b> Zip Code <b>32003</b>  | Purpose of Disbursement<br><b>REIMB FOR CAMPAIGN EXPENSES</b> |  |
| Candidate Name  | Category/Type<br><b>001</b>                                   | <b>Transaction ID : SB17.5649</b>                                    |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |
| State: <b>FL</b> District: <b>05</b>  |   |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>582.13</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:<br>(check only one)  | PAGE 34 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SHELL OIL</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 19 / 2014 |
| Mailing Address 1531 COUNTY RD 2   |  | Amount of Each Disbursement this Period<br>19.83         |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement FUEL   |  |
| Candidate Name   | Category/Type<br>002   | Transaction ID : SB17.5649.1<br><b>[MEMO ITEM]</b>       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RACETRAC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 19 / 2014 |
| Mailing Address 3106 HIGHWAY 17  |  | Amount of Each Disbursement this Period<br>34.80         |
| City GREEN COVE State FL Zip Code 32043  | Purpose of Disbursement FUEL   |  |
| Candidate Name   | Category/Type<br>002   | Transaction ID : SB17.5649.3<br><b>[MEMO ITEM]</b>       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GATE GAS STATION</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 19 / 2014 |
| Mailing Address 3210 US HWY 17   |  | Amount of Each Disbursement this Period<br>40.02         |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement FUEL   |  |
| Candidate Name   | Category/Type<br>002   | Transaction ID : SB17.5649.4<br><b>[MEMO ITEM]</b>       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><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 35 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GATE GAS STATION</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 19 / 2014                          |
| Mailing Address 3210 US HWY 17  |  | Amount of Each Disbursement this Period<br>339.43<br>Transaction ID : SB17.5649.5 |
| City ORANGE PARK State FL Zip Code 32073                              | Purpose of Disbursement FUEL<br>Category/Type 002  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. GATE GAS STATION</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 19 / 2014                         |
| Mailing Address 3210 US HWY 17  |  | Amount of Each Disbursement this Period<br>31.65<br>Transaction ID : SB17.5649.7 |
| City ORANGE PARK State FL Zip Code 32073                              | Purpose of Disbursement FUEL<br>Category/Type 002  |  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GLOREATHA SCURRY-SMITH</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>08 / 27 / 2014                        |
| Mailing Address 1661 CINNAMON FERN COURT                                    |   | Amount of Each Disbursement this Period<br>339.43<br>Transaction ID : SB17.5673 |
| City FLEMING ISLAND State FL Zip Code 32003                                 | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Category/Type 002  |   |
| Candidate Name  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: FL District: 05  |   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 339.43 |
| <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:<br>(check only one)  | PAGE 36 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. VERIZON WIRELESS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014 |
| Mailing Address 1911 WELLS RD  |   | Amount of Each Disbursement this Period<br>100.00             |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement<br>CELL PHONE CHARGES |   |
| Candidate Name   | Category/Type<br>001                          | Transaction ID : SB17.5673.0<br><b>[MEMO ITEM]</b>            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                              |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. VERIZON WIRELESS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014 |
| Mailing Address 1911 WELLS RD  |   | Amount of Each Disbursement this Period<br>100.00             |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement<br>CELL PHONE CHARGES |   |
| Candidate Name   | Category/Type<br>001                          | Transaction ID : SB17.5673.2<br><b>[MEMO ITEM]</b>            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                              |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VERIZON WIRELESS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 27 / 2014 |
| Mailing Address 1911 WELLS RD  |   | Amount of Each Disbursement this Period<br>53.50              |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement<br>CELL PHONE CHARGES |   |
| Candidate Name   | Category/Type<br>001                          | Transaction ID : SB17.5673.5<br><b>[MEMO ITEM]</b>            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 37 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GLOREATHA SCURRY-SMITH</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014 |
| Mailing Address 1661 CINNAMON FERN COURT                                    |   | Amount of Each Disbursement this Period<br>250.14             |
| City FLEMING ISLAND State FL Zip Code 32003                                 | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Category/Type 001  |   |
| Candidate Name  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5878                                    |
| State: FL District: 05  |   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. VERIZON WIRELESS</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014 |
| Mailing Address 1911 WELLS RD   |  | Amount of Each Disbursement this Period<br>100.00             |
| City ORANGE PARK State FL Zip Code 32073                              | Purpose of Disbursement CELL PHONE CHARGES<br>Category/Type 001  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5878.0<br>[MEMO ITEM]                   |
| State: District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SHELL OIL</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014 |
| Mailing Address 1531 COUNTY RD 2                               |  | Amount of Each Disbursement this Period<br>50.00              |
| City ORANGE PARK State FL Zip Code 32073                       | Purpose of Disbursement FUEL-TRAVEL EXPENSE<br>Category/Type 002   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5878.2<br>[MEMO ITEM]                   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 250.14 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 38 OF 49                      |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GLOREATHA SCURRY-SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014                          |
| Mailing Address 1661 CINNAMON FERN COURT  |  | Amount of Each Disbursement this Period<br>107.00<br><b>Transaction ID : SB17.5887</b> |
| City FLEMING ISLAND State FL Zip Code 32003   | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Candidate Name<br>Category/Type 001   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 05 | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STAPLES</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014  |
| Mailing Address 700-16 SOUTH BLANDING BLVD   |  | Amount of Each Disbursement this Period<br>107.00<br><b>Transaction ID : SB17.5887.0</b><br><b>[MEMO ITEM]</b> |
| City ORANGE PARK State FL Zip Code 32065   | Purpose of Disbursement OFFICE SUPPLIS-BUSINESS CARDS<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GLOREATHA SCURRY-SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2014                          |
| Mailing Address 1661 CINNAMON FERN COURT  |  | Amount of Each Disbursement this Period<br>156.82<br><b>Transaction ID : SB17.5902</b> |
| City FLEMING ISLAND State FL Zip Code 32003   | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Candidate Name<br>Category/Type 002   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 05 | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 263.82 |
| <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:<br>(check only one)  | PAGE 39 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GLOREATHA SCURRY-SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2014                          |
| Mailing Address 1661 CINNAMON FERN COURT  |  | Amount of Each Disbursement this Period<br>332.49<br><b>Transaction ID : SB17.5906</b> |
| City FLEMING ISLAND State FL Zip Code 32003   | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Candidate Name<br>Category/Type 001   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 05 | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GATE GAS STATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2014   |
| Mailing Address 3210 US HWY 17   |  | Amount of Each Disbursement this Period<br>40.01<br><b>Transaction ID : SB17.5906.0</b><br><b>[MEMO ITEM]</b> |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement FUEL<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. HOME DEPOT</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2014   |
| Mailing Address 1575 COUNTY RD 220   |  | Amount of Each Disbursement this Period<br>65.60<br><b>Transaction ID : SB17.5906.6</b><br><b>[MEMO ITEM]</b> |
| City ORANGE PARK State FL Zip Code 32003   | Purpose of Disbursement SUPPLIES TO INSTALL SIGNS<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 332.49 |
| <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:<br>(check only one)          |                                    | PAGE 40 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GLOREATHA SCURRY-SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014                          |
| Mailing Address 1661 CINNAMON FERN COURT  |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : SB17.5930</b> |
| City FLEMING ISLAND State FL Zip Code 32003   | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Candidate Name<br>Category/Type 001   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 05 | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. VERIZON WIRELESS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014  |
| Mailing Address 1911 WELLS RD  |  | Amount of Each Disbursement this Period<br>100.00<br><b>Transaction ID : SB17.5930.0</b><br><b>[MEMO ITEM]</b> |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement CELL PHONE CHARGES<br>Candidate Name<br>Category/Type 001  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GATE GAS STATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014   |
| Mailing Address 3210 US HWY 17   |  | Amount of Each Disbursement this Period<br>43.00<br><b>Transaction ID : SB17.5930.2</b><br><b>[MEMO ITEM]</b> |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement FUEL<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 250.00 |
| <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 41 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. HOME DEPOT</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014 |
| Mailing Address 1575 COUNTY RD 220   |   | Amount of Each Disbursement this Period<br>7.65               |
| City ORANGE PARK State FL Zip Code 32003   | Purpose of Disbursement WATER & ICE FOR WORKERS |   |
| Candidate Name   | Category/Type                                   | Transaction ID : SB17.5930.3<br><b>[MEMO ITEM]</b>            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. HOME DEPOT</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014 |
| Mailing Address 1575 COUNTY RD 220   |  | Amount of Each Disbursement this Period<br>13.64              |
| City ORANGE PARK State FL Zip Code 32003   | Purpose of Disbursement SUPPLIES FOR SIGN INSTALLATION |   |
| Candidate Name   | Category/Type  | Transaction ID : SB17.5930.5<br><b>[MEMO ITEM]</b>            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>C. GLOREATHA SCURRY-SMITH</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2014 |
| Mailing Address 1661 CINNAMON FERN COURT  |   | Amount of Each Disbursement this Period<br>231.28             |
| City FLEMING ISLAND State FL Zip Code 32003   | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES |   |
| Candidate Name  | Category/Type<br>001                                | Transaction ID : SB17.5944                                    |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: FL District: 05                              |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 231.28 |
| <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:<br>(check only one)          |                                    | PAGE 42 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GATE GAS STATION</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2014 |
| Mailing Address 3210 US HWY 17  |  | Amount of Each Disbursement this Period<br>54.86              |
| City<br>ORANGE PARK   | State<br>FL  |   |
| Zip Code<br>32073   | Purpose of Disbursement<br>FUEL  | Transaction ID : SB17.5944.3                                  |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CASSANDRA SMITH</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014 |
| Mailing Address 1661 CINNAMON FERN CT   |  | Amount of Each Disbursement this Period<br>250.00             |
| City<br>FLEMING ISLAND  | State<br>FL  |   |
| Zip Code<br>32003   | Purpose of Disbursement<br>CAMPAIGN ADMIN WORKER   | Transaction ID : SB17.5877                                    |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CASSANDRA SMITH</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 12 / 2014 |
| Mailing Address 1661 CINNAMON FERN CT   |  | Amount of Each Disbursement this Period<br>125.00             |
| City<br>FLEMING ISLAND  | State<br>FL  |   |
| Zip Code<br>32003   | Purpose of Disbursement<br>CAMPAIGN ADMIN WORKER   | Transaction ID : SB17.5920                                    |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 375.00 |
| <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:<br>(check only one)          |                                    | PAGE 43 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CASSANDRA SMITH</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 19 / 2014                          |
| Mailing Address 1661 CINNAMON FERN CT                                |   | Amount of Each Disbursement this Period<br>125.00<br><b>Transaction ID : SB17.5942</b> |
| City FLEMING ISLAND State FL Zip Code 32003                          | Purpose of Disbursement<br>CAMPAIGN ADMIN WORK<br>Category/Type<br>001  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: District:   |   |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CASSANDRA SMITH</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2014                          |
| Mailing Address 1661 CINNAMON FERN CT                                |   | Amount of Each Disbursement this Period<br>125.00<br><b>Transaction ID : SB17.5959</b> |
| City FLEMING ISLAND State FL Zip Code 32003                          | Purpose of Disbursement<br>REIMB FOR CAMPAIGN EXPENSE<br>Category/Type  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: District:   |   |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. REPUBLICAN PARTY OF FLORIDA</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2014  |
| Mailing Address 420 E JEFFERSON  |   | Amount of Each Disbursement this Period<br>125.00<br><b>Transaction ID : SB17.5959.0</b><br><b>[MEMO ITEM]</b> |
| City TALLAHASSEE State FL Zip Code 32399   | Purpose of Disbursement<br>TICKETS TO REPUBLICAN EVENT IN ORLANDO<br>Category/Type  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: District:   |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 250.00 |
| <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 44 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CASSANDRA SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 29 / 2014                          |
| Mailing Address 1661 CINNAMON FERN CT  |  | Amount of Each Disbursement this Period<br>428.75<br><b>Transaction ID : SB17.5964</b> |
| City FLEMING ISLAND State FL Zip Code 32003  | Purpose of Disbursement CAMPAIGN ADMIN WORK<br>Candidate Name<br>Category/Type 001   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 21 / 2014                          |
| Mailing Address 1661 CINNAMON FERN CT  |  | Amount of Each Disbursement this Period<br>303.75<br><b>Transaction ID : SB17.5664</b> |
| City FLEMING ISLAND State FL Zip Code 32003  | Purpose of Disbursement REIMB FOR TRAVEL EXPENSES<br>Candidate Name<br>Category/Type 002   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROSEN SHINGLE CREEK HOTEL</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 21 / 2014  |
| Mailing Address 9939 UNIVERSAL BLVD  |  | Amount of Each Disbursement this Period<br>303.75<br><b>Transaction ID : SB17.5664.0</b><br><b>[MEMO ITEM]</b> |
| City ORLANDO State FL Zip Code 32819   | Purpose of Disbursement HOTEL CHARGES<br>Candidate Name<br>Category/Type 002   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 428.75 |
| <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 45 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL SMITH</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 27 / 2014                               |
| Mailing Address 1661 CINNAMON FERN CT                              |  | Amount of Each Disbursement this Period<br>201.57<br><b>Transaction ID : SB17.5682</b> |
| City FLEMING ISLAND State FL Zip Code 32003                        | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES<br>Category/Type 001   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GATE GAS STATION</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 27 / 2014  |
| Mailing Address 3210 US HWY 17  |  | Amount of Each Disbursement this Period<br>25.01<br><b>Transaction ID : SB17.5682.3</b><br><b>[MEMO ITEM]</b> |
| City ORANGE PARK State FL Zip Code 32073                              | Purpose of Disbursement FUEL<br>Category/Type 002  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL SMITH</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 04 / 2014                              |
| Mailing Address 1661 CINNAMON FERN CT                              |  | Amount of Each Disbursement this Period<br>50.00<br><b>Transaction ID : SB17.5897</b> |
| City FLEMING ISLAND State FL Zip Code 32003                        | Purpose of Disbursement REIMB FOR TRAVEL EXPENSES<br>Category/Type 002   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 251.57 |
| <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 46 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GATE GAS STATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 04 / 2014 |
| Mailing Address 3210 US HWY 17   |  | Amount of Each Disbursement this Period<br>50.00              |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement FUEL   |   |
| Candidate Name   | Category/Type 002  | Transaction ID : SB17.5897.0<br><b>[MEMO ITEM]</b>            |
| 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)<br><b>B. MICHAEL SMITH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014 |
| Mailing Address 1661 CINNAMON FERN CT  |  | Amount of Each Disbursement this Period<br>186.02             |
| City FLEMING ISLAND State FL Zip Code 32003  | Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSES  |   |
| Candidate Name   | Category/Type 002  | Transaction ID : SB17.5922                                    |
| 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)<br><b>C. GATE GAS STATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014 |
| Mailing Address 3210 US HWY 17   |  | Amount of Each Disbursement this Period<br>60.80              |
| City ORANGE PARK State FL Zip Code 32073   | Purpose of Disbursement FUEL   |   |
| Candidate Name   | Category/Type  | Transaction ID : SB17.5922.2<br><b>[MEMO ITEM]</b>            |
| 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:   |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 186.02 |
| <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:<br>(check only one)          |                                    | PAGE 47 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

**A. RACETRAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 3106 HIGHWAY 17

City GREEN COVE State FL Zip Code 32043

Purpose of Disbursement FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 22.40

Transaction ID : SB17.5922.3

[MEMO ITEM]

**B. MICHAEL SMITH**

Full Name (Last, First, Middle Initial)  
Mailing Address 1661 CINNAMON FERN CT

City FLEMING ISLAND State FL Zip Code 32003

Purpose of Disbursement REIMB FOR CAMPAIGN EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2014

Amount of Each Disbursement this Period: 125.00

Transaction ID : SB17.5961

**C. REPUBLICAN PARTY OF FLORIDA**

Full Name (Last, First, Middle Initial)  
Mailing Address 420 E JEFFERSON

City TALLAHASSEE State FL Zip Code 32399

Purpose of Disbursement TICKET TO REPUBLICAN EVENT IN ORLANDO

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2014

Amount of Each Disbursement this Period: 125.00

Transaction ID : SB17.5961.0

[MEMO ITEM]

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

**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:<br>(check only one)  | PAGE 48 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. THE BLACK EXPO</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2014                          |
| Mailing Address 1806 WASHINGTON ST                                  |  | Amount of Each Disbursement this Period<br>390.00<br><b>Transaction ID : SB17.5889</b> |
| City COLUMBIA State SC Zip Code 29201                               | Purpose of Disbursement<br>EVENT TICKETS<br>001<br>Category/Type   |  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |  |
| State: District:  | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. THE GARDEN CLUB OF JACKSONVILLE</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 25 / 2014                           |
| Mailing Address 1005 RIVERSIDE AVE   |  | Amount of Each Disbursement this Period<br>1367.46<br><b>Transaction ID : SB17.5667</b> |
| City JACKSONVILLE State FL Zip Code 32204  | Purpose of Disbursement<br>CATERING FOR EVENT<br>003<br>Category/Type  |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |   |
| State: District:   | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BRITTANY TONY</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014                          |
| Mailing Address 11 E FORSYTH ST #803                               |  | Amount of Each Disbursement this Period<br>600.00<br><b>Transaction ID : SB17.5871</b> |
| City JACKSONVILLE State FL Zip Code 32202                          | Purpose of Disbursement<br>CAMPAIGN MANAGEMENT FEE<br>001<br>Category/Type   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |  |
| State: District:   | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2357.46 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 49 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**GLO for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. VIVID IMAGES USA INC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014                          |
| Mailing Address 1730 E DUVAL ST   |  | Amount of Each Disbursement this Period<br>330.00<br><b>Transaction ID : SB17.5873</b> |
| City JACKSONVILLE   | State FL Zip Code 32202  |  |
| Purpose of Disbursement<br>PRINTING-CAMPAIGN T-SHIRTS   | Category/Type<br>001   |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WEBELECT.NET</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014                          |
| Mailing Address 1256 VINETREE DR  |  | Amount of Each Disbursement this Period<br>270.00<br><b>Transaction ID : SB17.5874</b> |
| City BRANDON  | State FL Zip Code 33510  |  |
| Purpose of Disbursement<br>CAMPAIGN SOFTWARE RENWAL FEE   | Category/Type<br>001   |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WEBELECT.NET</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 29 / 2014                          |
| Mailing Address 1256 VINETREE DR  |  | Amount of Each Disbursement this Period<br>270.00<br><b>Transaction ID : SB17.5968</b> |
| City BRANDON  | State FL Zip Code 33510  |  |
| Purpose of Disbursement<br>CAMPAIGN SOFTWARE RENEWAL FEE  | Category/Type<br>001   |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 870.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 20674.19 |