

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED

2013 JUL 10 AM 11:49

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

Matt For Congress FL-11

ADDRESS (number and street)

16018 Wilson Blvd

Check if different than previously reported. (ACC)

Masaryktown FL 34604

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

C00543009 3. IS THIS REPORT X NEW (N) OR AMENDED (A) FL 11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period 04'01'2013 through 06'30'2013

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 Matthew Schnackenberg

Signature of Treasurer Matthew Schnackenberg

Date 07'03'2013

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

Office Use Only							
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FEC FORM 3 (Revised 02/2003)

13031082991

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Math For Congress FL-11

Report Covering the Period: From:

04'01'2013

To:

08'30'2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	, 266.72	, 266.72
(b) Total Contribution Refunds (from Line 20(d))	, 0.00	, 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 266.72	, 266.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 228.72	, 228.72
(b) Total Offsets to Operating Expenditures (from Line 14)	, 0.00	, 00.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 228.72	, 228.72
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 50.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, 0.00	

For further information contact:

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

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

13031082992

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Math For Congress FL-12

Report Covering the Period: From: 04'01'2013

To: 06'30'2013

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)

, , 191.14

, , 191.14

(ii) Unitemized

, , 12.00

, , 12.00

(iii) TOTAL of contributions from individuals

, , 203.14

, , 203.14

(b) Political Party Committees

, , 0.00

, , 0.00

(c) Other Political Committees (such as PACs)

, , 0.00

, , 0.00

(d) The Candidate

, , 75.58

, , 75.58

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

, , 278.72

, , 278.72

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

, , 0.00

, , 0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate

, , 0.00

, , 0.00

(b) All Other Loans

, , 0.00

, , 0.00

(c) TOTAL LOANS (add Lines 13(a) and (b))

, , 0.00

, , 0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

, , 0.00

, , 0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

, , 0.00

, , 0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)

, , 278.72

, , 278.72

13031082993

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	228.72	228.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	228.72	228.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	278.72
25. SUBTOTAL (add Line 23 and Line 24).....	278.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	228.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50.00

13031082994

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Math For Congress FC-11

Full Name (Last, First, Middle Initial) <i>Gold, Martin</i>		Date of Receipt <i>09'01'2013</i>
A. Mailing Address <i>1119 Heathrow Ave</i>		Amount of Each Receipt this Period <i>1061</i>
City <i>Spring Hill</i>	State Zip Code <i>FL 34609</i>	
FEC ID number of contributing federal political committee. <i>C</i>		In-kind
Name of Employer <i>Retired</i>	Occupation <i>Retired</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>1061</i>	

Full Name (Last, First, Middle Initial) <i>Schnackenberg, Nicole J.</i>		Date of Receipt <i>05'28'2013</i>
B. Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Receipt this Period <i>298</i>
City <i>Marysktown</i>	State Zip Code <i>FL 34604</i>	
FEC ID number of contributing federal political committee. <i>C</i>		In-kind
Name of Employer <i>Karma Bar and Spirits</i>	Occupation <i>Bartender</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>298</i>	

Full Name (Last, First, Middle Initial) <i>Alexandre, Danielle T.</i>		Date of Receipt <i>05'27'2013</i>
C. Mailing Address <i>5126 Greenwood St</i>		Amount of Each Receipt this Period <i>15755</i>
City <i>New Port Richey</i>	State Zip Code <i>FL 34653</i>	
FEC ID number of contributing federal political committee. <i>C</i>		In-kind
Name of Employer <i>1787 Radio Network</i>	Occupation <i>Show Host</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>15755</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>17114</i>
TOTAL This Period (last page this line number only).....	

13031082995

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

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

FOR LINE NUMBER: PAGE 2 OF 2
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

A. Full Name (Last, First, Middle Initial)
Sinker, Alexander, A

Mailing Address
5126 Greenwood St.

City New Port Richey State FL Zip Code 34653

FEC ID number of contributing federal political committee. C

Name of Employer 1787 Radio Network Occupation Show Host

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
, , 20.00

Date of Receipt
04' 25' 2013

Amount of Each Receipt this Period
, , 20.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
, , .

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
, , .

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
, , .

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
, , .

SUBTOTAL of Receipts This Page (optional)..... , , 20.00

TOTAL This Period (last page this line number only)..... , , 191.14

13031082996

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

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

FOR LINE NUMBER:		PAGE		OF	1
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 13e

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NAME OF COMMITTEE (In Full)
Math For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

13031082997

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

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NAME OF COMMITTEE (In Full)
Matt For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<i>0.00</i>
TOTAL This Period (last page this line number only).....	<i>0.00</i>

13031082998

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Matt For Congress FL-11

Full Name (Last, First, Middle Initial) <i>A. Schnackenberg, Matthew J.</i>		Date of Receipt <i>05 08 2013</i>
Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Receipt this Period <i>50.00</i>
City <i>Masaryktown</i>	State Zip Code <i>FL 34604</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>75.58</i>
Name of Employer <i>Dollar General</i>	Occupation <i>Cashier</i>	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <i>B. Schnackenberg, Matthew J.</i>		Date of Receipt <i>04 15 2013</i>
Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Receipt this Period <i>5.33</i>
City <i>Masaryktown</i>	State Zip Code <i>FL 34604</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>In-Kind</i>
Name of Employer <i>Dollar General</i>	Occupation <i>Cashier</i>	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>75.58</i>	

Full Name (Last, First, Middle Initial) <i>C. Schnackenberg, Matthew J.</i>		Date of Receipt <i>04 25 2013</i>
Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Receipt this Period <i>5.33</i>
City <i>Masaryktown</i>	State Zip Code <i>FL 34604</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>In-Kind</i>
Name of Employer <i>Dollar General</i>	Occupation <i>Cashier</i>	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>75.58</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>60.66</i>
TOTAL This Period (last page this line number only).....	

13031082999

**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 2 OF 2	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Math For Congress FL-22

Full Name (Last, First, Middle Initial) A. Schnackerberg, Matthew J.			Date of Receipt M M ' D D ' Y Y Y Y 05 ' 10 ' 2013
Mailing Address 16018 Wilson Blvd			Amount of Each Receipt this Period 5.33
City Masaryktown	State FL	Zip Code 34604	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 75.58 In-kind
Name of Employer ollar General	Occupation Cashier		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.58		

Full Name (Last, First, Middle Initial) B. Schnackerberg, Matthew J.			Date of Receipt M M ' D D ' Y Y Y Y 06 ' 27 ' 2013
Mailing Address 16018 Wilson Blvd			Amount of Each Receipt this Period 9.59
City Masaryktown	State FL	Zip Code 34604	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 75.58
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.58		

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	14.92
TOTAL This Period (last page this line number only).....	75.58

13031083000

**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 / OF /

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mgt For Congress FL-12

Full Name (Last, First, Middle Initial)

A. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

0.00
0.00

12031083001

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

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NAME OF COMMITTEE (In Full)
Matt For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		Amount of Each Receipt this Period
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	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
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	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
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	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

13051083002

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

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

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NAME OF COMMITTEE (In Full)
Math For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

13031083003

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

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NAME OF COMMITTEE (In Full)
Math For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

15031083004

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

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NAME OF COMMITTEE (In Full)
Math For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<i>0.00</i>
TOTAL This Period (last page this line number only).....	<i>0.00</i>

13031083005

**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 1 OF 3
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mat For Congress FL-11

13031083006

Full Name (Last, First, Middle Initial) A. Gold, Martin		Date of Disbursement <i>04'07'2013</i>
Mailing Address <i>11119 Heathrow Ave</i>		Amount of Each Disbursement this Period <i>10.61</i>
City <i>Spring Hill</i>	State <i>FL</i>	
Zip Code <i>34609</i>	Purpose of Disbursement <i>In-Kind: 250 Business Cards</i>	Category/ Type <i>006</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) B. Schnackenberg, Matthew, J		Date of Disbursement <i>04'15'2013</i>
Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Disbursement this Period <i>5.33</i>
City <i>Marysktown</i>	State <i>FL</i>	
Zip Code <i>34604</i>	Purpose of Disbursement <i>In-Kind: Petition Printing</i>	Category/ Type <i>006</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) C. Schnackenberg, Matthew, J.		Date of Disbursement <i>04'25'2013</i>
Mailing Address <i>16018 Wilson Blvd</i>		Amount of Each Disbursement this Period <i>5.33</i>
City <i>Marysktown</i>	State <i>FL</i>	
Zip Code <i>34604</i>	Purpose of Disbursement <i>In-Kind: Petition Printing</i>	Category/ Type <i>006</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<i>21.27</i>
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 2 OF 3

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

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NAME OF COMMITTEE (In Full)

Math For Congress FL-11

Full Name (Last, First, Middle Initial)

A. Schnackenberg, Matthew J

Date of Disbursement

05' 10' 2013

Mailing Address

16018 Wilson Blvd

Amount of Each Disbursement this Period

, , 5.33

City

Masaryktown

State

FL

Zip Code

34604

Purpose of Disbursement

In-kind: Petition Printing

006

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Schnackenberg, Matthew J

Date of Disbursement

06' 27' 2013

Mailing Address

16018 Wilson Blvd

Amount of Each Disbursement this Period

, , 9.59

City

Masaryktown

State

FL

Zip Code

34604

Purpose of Disbursement

In-kind: Petition Printing

006

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Schnackenberg, Nicole J

Date of Disbursement

05' 28' 2013

Mailing Address

16018 Wilson Blvd

Amount of Each Disbursement this Period

, , 2.98

City

Masaryktown

State

FL

Zip Code

34604

Purpose of Disbursement

In-kind: Receipt book purchase

006

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

District:

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

, , 17.90

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

, ,

13031083007

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

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

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)
Mat For Congress FL-11

Full Name (Last, First, Middle Initial) <i>A. Alexandre, Danielle, T.</i>		Date of Disbursement <i>05 ' 17 ' 2013</i>
Mailing Address <i>5126 Greenwood St</i>		Amount of Each Disbursement this Period <i>, , 157.55</i>
City <i>New Port Richey</i>	State <i>FL</i>	
Zip Code <i>34653</i>		Category/ Type <i>006</i>
Purpose of Disbursement <i>In Kind: Campaign Website Purchase</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <i>B. Alexandre, Danielle, T.</i>		Date of Disbursement <i>05 ' 18 ' 2013</i>
Mailing Address <i>5126 Greenwood St</i>		Amount of Each Disbursement this Period <i>, , 20.00</i>
City <i>New Port Richey</i>	State <i>FL</i>	
Zip Code <i>34653</i>		Category/ Type <i>006</i>
Purpose of Disbursement <i>Website Server / Domain Purchase</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

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

SUBTOTAL of Disbursements This Page (optional)	<i>, , 177.55</i>
TOTAL This Period (last page this line number only)	<i>, , 216.72</i>

13031083008

**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 / OF /

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

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NAME OF COMMITTEE (In Full)
Mat For Congress FL-11

<p>A.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President Disbursement For: Primary General Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President Disbursement For: Primary General Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President Disbursement For: Primary General Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>

<p>SUBTOTAL of Disbursements This Page (optional).....</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only).....</p>	<p>0.00</p>

6008015031

**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 / OF /

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mat For Congress FL-11

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

13031083010

**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	OF
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Math For Congress FL-11

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

13031083011

**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 / OF /	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mat For Congress FL-11

A.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		City		Amount of Each Disbursement this Period
State		Zip Code		
Purpose of Disbursement		Candidate Name		Category/ Type
Office Sought: House Senate President		Disbursement For: Primary General Other (specify)		
State: District:		Full Name (Last, First, Middle Initial)		Date of Disbursement
B.		Mailing Address		Amount of Each Disbursement this Period
City		State Zip Code		
Purpose of Disbursement		Candidate Name		Category/ Type
Office Sought: House Senate President		Disbursement For: Primary General Other (specify)		
State: District:		Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		Mailing Address		Amount of Each Disbursement this Period
City		State Zip Code		
Purpose of Disbursement		Candidate Name		Category/ Type
Office Sought: House Senate President		Disbursement For: Primary General Other (specify)		
State: District:		Full Name (Last, First, Middle Initial)		Date of Disbursement

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

TOTAL This Period (last page this line number only)..... *0.00*

13031083012

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

PAGE / OF /

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)
Matt For Congress FL 11

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) *0.00*

TOTAL This Period (last page this line number only) *0.00*

13031083013

**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 OF

17 18 19a 19b
 20a 20c 21

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NAME OF COMMITTEE (in Full)

Mat For Congress FL-11

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

0.00

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

0.00

13031083014

**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 / OF)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)
Mat For Congress FL-11

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

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

0.00

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

0.00

13031083015

**SCHEDULE C (FEC Form 3)
LOANS**

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

PAGE / OF /

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Mat for Congress FL-11

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ejection:

- Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ , , 0.00

TOTALS This Period (last page in this line only)..... ▶ , , 0.00

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

13031083016

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Mat For Congress FL-11

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	<i>0.00</i>
TOTALS This Period (last page in this line only) ▶	<i>0.00</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

13031083017

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE / OF
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Mat For Congress FL-11

13031083018

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , .	, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , .	, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , .	, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional)	▶	, , .	0.00
2) TOTALS This Period (last page this line number only)	▶	, , .	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	, , .	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	, , .	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)

Mat For Congress FL-11

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	0.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

13031083020

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS Ground</i>	Shipping Date <i>7/5/13</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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