

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
Castor for Congress

ADDRESS (number and street) 301 W. Platt Street, #385
 Check if different than previously reported. (ACC) Tampa FL 33606

2. **FEC IDENTIFICATION NUMBER** ▼ C C00410761 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) FL 14

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 04 / 01 / 2016 through M M / D D / Y Y Y Y 06 / 30 / 2016

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 Amy Diamond

Signature of Treasurer Amy Diamond *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Castor for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	70835.00	530217.13
(b) Total Contribution Refunds (from Line 20(d))	0.00	900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	70835.00	529317.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40063.56	201897.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	42.00	5742.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40021.56	196155.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	976608.89	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Castor for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9270.00	221973.34
(ii) Unitemized.....	2065.00	27993.79
(iii) TOTAL of contributions from individuals ▶	11335.00	249967.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	59500.00	280250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	70835.00	530217.13
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.)	42.00	5742.43
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	897.25	5176.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	71774.25	541135.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40063.56	201897.58
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	900.00
(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	900.00
21. OTHER DISBURSEMENTS	30500.00	120500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70563.56	323297.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	975398.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	71774.25
25. SUBTOTAL (add Line 23 and Line 24).....	1047172.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70563.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	976608.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Sam Badawi		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	
Mailing Address 12834 N 56th St.		Transaction ID : C7101863	
City State Zip Code Temple Terrace FL 33617	Amount of Each Receipt this Period _____ 105.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Sam Badawi, Esq, LLC Attorney	Election Cycle-to-Date _____ 1935.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Sam Badawi		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	
Mailing Address 12834 N 56th St.		Transaction ID : C7101866	
City State Zip Code Temple Terrace FL 33617	Amount of Each Receipt this Period _____ 105.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Sam Badawi, Esq, LLC Attorney	Election Cycle-to-Date _____ 1935.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Sam Badawi		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2016	
Mailing Address 12834 N 56th St.		Transaction ID : C7104313	
City State Zip Code Temple Terrace FL 33617	Amount of Each Receipt this Period _____ 105.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Sam Badawi, Esq, LLC Attorney	Election Cycle-to-Date _____ 1935.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 315.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 6 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Sam Badawi

Mailing Address 12834 N 56th St.

City State Zip Code
Temple Terrace FL 33617

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

Name of Employer Occupation
Sam Badawi, Esq, LLC Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107764

Amount of Each Receipt this Period
105.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Andrew E. Barnes

Mailing Address 15724 Puckett Rd

City State Zip Code
Dade City FL 33525-7066

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C7108798

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Carole A Baskin

Mailing Address 12802 Easy St

City State Zip Code
Tampa FL 33625-3702

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

Name of Employer Occupation
Self-Employed Real Estate Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C7104323

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1105.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Trevor R. Burgess

Mailing Address 300 Beach Dr NE
Apt 2201

City St Petersburg State FL Zip Code 33701-3467

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

Name of Employer C1 Bank Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2016

Transaction ID : C7101859

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 4006 S Macdill Ave

City Tampa State FL Zip Code 33611-1545

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

Name of Employer Majesty Title Occupation Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7112130

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4529 W Rosemere Rd

City Tampa State FL Zip Code 33609-4209

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

Name of Employer Carlton Fields Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2016

Transaction ID : C7108785

Amount of Each Receipt this Period
100.00

Memo Item

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

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

3050.00

**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 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Cecelia Ferman

Mailing Address 1814 Richardson Place

City Tampa State FL Zip Code 33606

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : C7101865

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Charles L. Husted

Mailing Address 1323 Autumn Dr

City Tampa State FL Zip Code 33613-2317

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

Name of Employer Neuro Restorative Occupation CNA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : C7102765

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1323 Autumn Dr

City Tampa State FL Zip Code 33613-2317

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

Name of Employer Neuro Restorative Occupation CNA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C7108803

Amount of Each Receipt this Period
50.00

Memo Item

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 9 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Marva Brown Johnson

Mailing Address 2335 Tillman Ave.

City Winter Garden State FL Zip Code 34787

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

Name of Employer Brighthouse Occupation Gov. Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C7101870

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 15614 Cochester Rd

City Tampa State FL Zip Code 33647

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

Name of Employer New Tampa, Incorporated Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : C7107755

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Carole S. Mackey

Mailing Address 7400 Park Dr

City Tampa State FL Zip Code 33610

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

Name of Employer AHCA Occupation Dietician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : C7101862

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

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

Mailing Address 7400 Park Drive

City Tampa State FL Zip Code 33610

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

Name of Employer Moffitt Cancer Center Occupation Director of Materiel Management - Reti

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : C7101861

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jack N. Rodriguez

Mailing Address PO Box 10544

City Tampa State FL Zip Code 33679

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

Name of Employer Minaret Realty Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : C7101864

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6022 S 2nd St

City Tampa State FL Zip Code 33611-4708

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

Name of Employer Inter bay market Occupation Retail

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2016

Transaction ID : C7108810

Amount of Each Receipt this Period
100.00

Memo Item

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: PAGE 11 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

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

Mailing Address 14653 Canopy Dr

City Tampa State FL Zip Code 33626-3354

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

Name of Employer Spiro J. Verras, PA Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2016

Transaction ID : C7112127

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Spiro John Verras

Mailing Address 14653 Canopy Dr

City Tampa State FL Zip Code 33626-3354

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

Name of Employer Spiro J. Verras, PA Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7112128

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 17726 Long Ridge Rd

City Tampa State FL Zip Code 33647-2523

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

Name of Employer Ogden and Sullivan Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : C7107753

Amount of Each Receipt this Period
200.00

Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 12 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Jack M. Wheat

Mailing Address 1075 Normandy Trace Road

City Tampa State FL Zip Code 33602

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

Name of Employer University of South Florida Occupation President's Assistant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : C7107752

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 101 Primrose St

City Chevy Chase State MD Zip Code 20815-3324

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

Name of Employer Thorn Run Partners Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C7109732

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

Mailing Address 10527 Greencrest Dr.

City Tampa State FL Zip Code 33626

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

Name of Employer WellCare Occupation Sr. Business Analyst

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : C7104318

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

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: PAGE 13 OF 50
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
William Wynne

Mailing Address 1000 W. Williams Street

City State Zip Code
Denver CO 80209

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

Name of Employer Occupation
Thorn Run Partners Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : C7104312

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

500.00

9270.00

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

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

FOR LINE NUMBER: PAGE 14 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

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

Mailing Address Alex Sanchez
1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C7101868

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American College of Radiology Association PAC

Mailing Address 505 9th St NW
Suite 910

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C7101867

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American College of Radiology Association PAC

Mailing Address 505 9th St NW
Suite 910

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7111507

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL HYGIENISTS' ASSOCIATION POLITICAL ACTION COMMITTEE (HYPAC)

Mailing Address 444 N. MICHIGAN
SUITE 3400

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00345868

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : C7107762

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Health Care Association PAC

Mailing Address 1201 L Street Northwest

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : C7101860

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American Physical Therapy PAC

Mailing Address 1111 North Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C7109698

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF PLASTIC SURGEONS PLASTYPAC

Mailing Address 1640 Wisconsin Ave NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C C00249342**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C7109692

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 1012 CAMERON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00424788**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : C7104311

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Baker and Hostetler Political Action Committee

Mailing Address 1050 Connecticut Avenue North West

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00174227**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7111492

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Cable PAC - National Cable and Telecommunications

Mailing Address 25 Massachusetts Avenue NW
Suite 100

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C7109693

Amount of Each Receipt this Period
4000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cable PAC - National Cable and Telecommunications

Mailing Address 25 Massachusetts Avenue NW
Suite 100

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C7109694

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7111493

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

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

Mailing Address Lindsey Dickinson
1500 Market Street, 33rd Floor

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C7104315

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CSX Corporation Good Government Fund

Mailing Address 1331 Pennsylvania Ave NW
Suite 560-South

City Washington State DC Zip Code 20004-1710

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C7109697

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CWA-COPE Political Contributions Committee

Mailing Address 501 Third Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C7104316

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave NW
Suite 1100

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : C7104309

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 777 6TH STREET, NW
SUITE 510

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00383463**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : C7104310

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1025 W. NASA BLVD.

City MELBOURNE State FL Zip Code 32919

FEC ID number of contributing federal political committee. **C C00100321**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7111508

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

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

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C7109700

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Humana Inc. Political Action Committee

Mailing Address 1776 Eye Steet Northwest
Suite 890

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107759

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Humana Inc. Political Action Committee

Mailing Address 1776 Eye Steet Northwest
Suite 890

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107760

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 21 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF AMUSEMENT PARKS AND A

Mailing Address 1448 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00144154

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C7109695

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
International Union Of Operating Engineers

Mailing Address Christopher Hanley
1125 17th St, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C7101871

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MCDERMOTT WILL & EMERY LLP PAC

Mailing Address 500 NORTH CAPITOL STREET, N.W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00299701

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C7109696

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 22 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
National Association of Broadcasters

Mailing Address 1771 N St NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7111491

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC (NOSSCR PAC)

Mailing Address 560 SYLVAN AVENUE

City ENGLEWOOD CLIFFS State NJ Zip Code 07632

FEC ID number of contributing federal political committee. **C C00521039**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : C7105130

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Office of the Commissioner of Major League Baseball PAC

Mailing Address 1050 CONNECTICUT AVE NW STE 1100

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00368142**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C7101869

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
PG&E Corporation

Mailing Address **77 BEALE STREET, MAIL CODE: B29H**

City **SAN FRANCISCO** State **CA** Zip Code **94105**

FEC ID number of contributing federal political committee. **C C00404079**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C7105128

Amount of Each Receipt this Period
 _____ **1500.00** _____

Memo Item

B. Full Name (Last, First, Middle Initial)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Mailing Address **601 PENNSYLVANIA AVENUE NW STE 740**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00388819**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C7109699

Amount of Each Receipt this Period
 _____ **500.00** _____

Memo Item

C. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund Inc.

Mailing Address **434 West 33rd Street**

City **New York** State **NY** Zip Code **10001**

FEC ID number of contributing federal political committee. **C C90005471**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C7104314

Amount of Each Receipt this Period
 _____ **1000.00** _____

Memo Item

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

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

_____ **3000.00** _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Castor for Congress

A. Publix Super Markets Associates PAC

Full Name (Last, First, Middle Initial)
Publix Super Markets Associates PAC

Mailing Address PO BOX 407

City State Zip Code
Lakeland FL 33802

FEC ID number of contributing federal political committee. **C** C00400705

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : C7101872

Amount of Each Receipt this Period
2500.00

Memo Item

B. Raytheon PAC

Full Name (Last, First, Middle Initial)
Raytheon PAC

Mailing Address 1100 Wilson Blvd
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C7105129

Amount of Each Receipt this Period
1000.00

Memo Item

C. RELX INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
RELX INC. POLITICAL ACTION COMMITTEE

Mailing Address 1150 18TH ST., NW, #600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107761

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
SKINPAC

Mailing Address 1445 New York Avenue NW
Ste 800

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107758

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address 901 Massachusetts Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107763

Amount of Each Receipt this Period
4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 677 WASHINGTON BOULEVARD
C/O PER DYRVIK

City STAMFORD State CT Zip Code 06901

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C7107757

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

8500.00

59500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<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)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
US Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2238.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7112133

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

42.00

42.00

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

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

FOR LINE NUMBER: PAGE 27 OF 50
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
NorthStar Bank

Mailing Address 400 N Ashley Drive

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5168.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : C7112140

Amount of Each Receipt this Period
279.83

Memo Item

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

Mailing Address 400 N Ashley Drive

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5168.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C7112139

Amount of Each Receipt this Period
313.72

Memo Item

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

Mailing Address 400 N Ashley Drive

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5168.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C7112138

Amount of Each Receipt this Period
303.70

Memo Item

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

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

897.25

897.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366124

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366125

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366126

SUBTOTAL of Disbursements This Page (optional).....	178.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366127

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366128

Full Name (Last, First, Middle Initial) C. American Air		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 4255 Amon Carter Blvd. MD 2400		Amount of Each Disbursement this Period 17.66
City Fort Worth	State TX Zip Code 76155	
Purpose of Disbursement Travel - air	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366174

SUBTOTAL of Disbursements This Page (optional).....	136.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Air		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 4255 Amon Carter Blvd. MD 2400		Amount of Each Disbursement this Period 450.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel - air	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366175
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 7.95
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 39.83
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	497.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 7.95
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366109
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 22.13
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366110
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 7.95
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	38.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 80.39
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 179.18
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 157.34
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366158
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	416.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Bon Vivant Catering		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 1251 Pine Hill Rd		Amount of Each Disbursement this Period 1823.20
City Mc Lean	State VA	
Zip Code 22101	Purpose of Disbursement Fundraising Event - food & beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL	
Zip Code 33607	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366131
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL	
Zip Code 33607	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366132
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5085.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01 <input type="checkbox"/> Memo Item Transaction ID : D366133
City Tampa State FL Zip Code 33607	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01 <input type="checkbox"/> Memo Item Transaction ID : D366134
City Tampa State FL Zip Code 33607	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01 <input type="checkbox"/> Memo Item Transaction ID : D366135
City Tampa State FL Zip Code 33607	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4893.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Courtney Chiles			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 7290 Barque Drive			Amount of Each Disbursement this Period 1631.01		
City Tampa	State FL	Zip Code 33607	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : D366136		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. FDP Enterprises Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016		
Mailing Address 1706 W Grace Street			Amount of Each Disbursement this Period 1078.77		
City Tampa	State FL	Zip Code 33607	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Printing & mailing		Category/ Type	Transaction ID : D366172		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. First Data			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address 5565 Glenridge Connector NE			Amount of Each Disbursement this Period 134.22		
City Atlanta	State GA	Zip Code 30342-4756	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Merchant fees		Category/ Type	Transaction ID : D366119		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2844.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. First Data		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>03</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		03		2016
M M	/	D D	/	Y Y Y Y									
05		03		2016									
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Atlanta</td> <td>GA</td> <td>30342-4756</td> </tr> </table>		City	State	Zip Code	Atlanta	GA	30342-4756	<table border="1"> <tr> <td>163.58</td> </tr> </table>		163.58			
City	State	Zip Code											
Atlanta	GA	30342-4756											
163.58													
Purpose of Disbursement Merchant fees		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : D366120											
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. First Data		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>03</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		03		2016
M M	/	D D	/	Y Y Y Y									
06		03		2016									
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Atlanta</td> <td>GA</td> <td>30342-4756</td> </tr> </table>		City	State	Zip Code	Atlanta	GA	30342-4756	<table border="1"> <tr> <td>91.79</td> </tr> </table>		91.79			
City	State	Zip Code											
Atlanta	GA	30342-4756											
91.79													
Purpose of Disbursement Merchant fees		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : D366121											
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
c. Florida Department of State		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>15</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		15		2016
M M	/	D D	/	Y Y Y Y									
06		15		2016									
Mailing Address 500 South Bronough Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Tallahassee</td> <td>FL</td> <td>32399</td> </tr> </table>		City	State	Zip Code	Tallahassee	FL	32399	<table border="1"> <tr> <td>10440.00</td> </tr> </table>		10440.00			
City	State	Zip Code											
Tallahassee	FL	32399											
10440.00													
Purpose of Disbursement Qualifying fee		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : D366173											
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	10695.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Kathy Castor		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 3012 Harborview Avenue		Amount of Each Disbursement this Period 128.96
City Tampa	State FL Zip Code 33611	
Purpose of Disbursement Reimburse/Travel-National-rental car		<input type="checkbox"/> Memo Item
Candidate Name Kathy Castor		Transaction ID : D366153
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) B. Kathy Castor		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 3012 Harborview Avenue		Amount of Each Disbursement this Period 34.00
City Tampa	State FL Zip Code 33611	
Purpose of Disbursement Reimburse/Travel-parking		<input type="checkbox"/> Memo Item
Candidate Name Kathy Castor		Transaction ID : D366154
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

Full Name (Last, First, Middle Initial) c. Kathy Castor		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 3012 Harborview Avenue		Amount of Each Disbursement this Period 345.21
City Tampa	State FL Zip Code 33611	
Purpose of Disbursement Reimburse/Travel-Hyatt Regency Hotel		<input type="checkbox"/> Memo Item
Candidate Name Kathy Castor		Transaction ID : D366155
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	508.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Lavagna		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 1320.00
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Fundraising Event - food & beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 1101 15th Street NW		Amount of Each Disbursement this Period 2850.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement website,data,support	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rush Order Tees		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 2727 Commerce Way		Amount of Each Disbursement this Period 408.41
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Campaign T-shirts	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4578.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address P.O. Box 660252		Amount of Each Disbursement this Period 63.98
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366149
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address P.O. Box 660252		Amount of Each Disbursement this Period 63.98
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. T-Mobile		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address P.O. Box 660252		Amount of Each Disbursement this Period 63.98
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D366151
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	191.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Tampa Palms		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5811 Tampa Palms Blvd		Amount of Each Disbursement this Period 2209.68
City Tampa	State FL Zip Code 33647	
Purpose of Disbursement Fundraising Event - food & beverage		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D366122
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. The Grind Coffee Bar & Cafe		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 9532 W Linebaugh Ave		Amount of Each Disbursement this Period 535.00
City Tampa	State FL Zip Code 33626	
Purpose of Disbursement Fundraising Event - food & beverage		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D366170
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. The Grind Coffee Bar & Cafe		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 9532 W Linebaugh Ave		Amount of Each Disbursement this Period 535.00
City Tampa	State FL Zip Code 33626	
Purpose of Disbursement Fundraising Event - food & beverage		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D366171
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3279.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. The UPS Store #3751		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 301 West Platt Street		Amount of Each Disbursement this Period 31.38
City Tampa	State FL Zip Code 33606	
Purpose of Disbursement overnight delivery	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366164

Full Name (Last, First, Middle Initial) B. The UPS Store #3751		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 301 West Platt Street		Amount of Each Disbursement this Period 13.18
City Tampa	State FL Zip Code 33606	
Purpose of Disbursement overnight delivery	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366180

Full Name (Last, First, Middle Initial) C. United Health		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 352.24
City Minneapolis	State MN Zip Code 55440	
Purpose of Disbursement Employee benefits	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366113

SUBTOTAL of Disbursements This Page (optional).....	396.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United Health		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 40.33
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Health		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 352.24
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. United Health		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 40.33
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	432.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United Health		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 40.33
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D366117
State: District:		

Full Name (Last, First, Middle Initial) B. United Health		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 352.24
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D366118
State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 6.45
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D366137
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	399.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 564.05
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Postage	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D366138
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 1195.05
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Postage	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D366139
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 6.45
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Postage	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D366140
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1765.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 6.45
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Postage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366141

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 12.90
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Postage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366142

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 6.45
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Postage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D366161

SUBTOTAL of Disbursements This Page (optional).....	25.80
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 50	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. US Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 521.99
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366143
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 521.99
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Treasury		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 521.99
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D366145
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1565.97
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 47 OF 50			
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. US Treasury			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address 1500 Pennsylvania Avenue, NW			Amount of Each Disbursement this Period 521.99		
City Washington	State DC	Zip Code 20220	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll taxes		Candidate Name	Transaction ID : D366146		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. US Treasury			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016		
Mailing Address 1500 Pennsylvania Avenue, NW			Amount of Each Disbursement this Period 563.99		
City Washington	State DC	Zip Code 20220	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll taxes		Candidate Name	Transaction ID : D366147		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. US Treasury			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 1500 Pennsylvania Avenue, NW			Amount of Each Disbursement this Period 521.99		
City Washington	State DC	Zip Code 20220	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll taxes		Candidate Name	Transaction ID : D366148		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	1607.97
TOTAL This Period (last page this line number only).....	39537.91

**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 48 OF 50
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Charlie Crist for Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016
Mailing Address PO BOX 1547		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D366156
City ST. PETERSBURG	State FL	
Zip Code 33731		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name CHARLIE JOSEPH CRIST		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 13	

Full Name (Last, First, Middle Initial) B. Congressional Women's Softball Game Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 5015 Filmore Ave, #10		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D366165
City Alexandria	State VA	
Zip Code 22311		Category/ Type 012
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 1071 TWIN BRANCH LN		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D366181
City WESTON	State FL	
Zip Code 33326		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name DEBBIE WASSERMAN SCHULTZ		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 23	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 50
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 430 S Capitol Street, S.E.		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Memo Item Transaction ID : D366167
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution - Women LEAD Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DIANA DEGETTE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address P.O. BOX 61337		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D366241
City DENVER State CO Zip Code 80206	Purpose of Disbursement Contribution Category/Type	
Candidate Name DIANA L. DEGETTE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO District: 01		

Full Name (Last, First, Middle Initial) c. Florida Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 214 S Bronough Street		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Transaction ID : D366168
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement Contribution Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 50			
	<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)
Castor for Congress

A. Hillsborough County Democratic Executive Committee

Full Name (Last, First, Middle Initial)
Mailing Address 3406 S Dale Mabry

City Tampa State FL Zip Code 33629

Purpose of Disbursement
Spring Fling Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 05 / 2016

Amount of Each Disbursement this Period
500.00

Memo Item

Transaction ID : D366159

B. Val Demings for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
Contribution

Candidate Name
VALDEZ 'VAL' DEMINGS

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: FL District: 10

Date of Disbursement
M M / D D / Y Y Y Y
04 / 01 / 2016

Amount of Each Disbursement this Period
1000.00

Memo Item

Transaction ID : D366152

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	30500.00