

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF NEAL DUNN

ADDRESS (number and street)

2640A MITCHAM DRIVE

Check if different than previously reported. (ACC)

TALLAHASSEE

FL

32308

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00582304

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

02

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 2016

through

M M /

D D /

Y Y Y Y 2016

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

Dupree, Abby , , ,

Type or Print Name of Treasurer

Dupree, Abby , , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**FRIENDS OF NEAL DUNN**

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))....	164018.65	1200944.52
(b) Total Contribution Refunds (from Line 20(d)) .....	1800.00	1800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	162218.65	1199144.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	392573.88	1644366.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.60	6.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	392573.28	1644360.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56165.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	297824.00	

**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 05/2016)

Write or Type Committee Name

**FRIENDS OF NEAL DUNN**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59551.65	923982.70
(ii) Unitemized .....	3367.00	52041.66
(iii) TOTAL of contributions from individuals .....	62918.65	976024.36
(b) Political Party Committees.....	1000.00	1000.00
(c) Other Political Committees (such as PACs).....	100100.00	218500.00
(d) The Candidate .....	0.00	5420.16
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	164018.65	1200944.52
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	150000.00	565000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000.00	565000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.60	6.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	314019.25	1765950.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	392573.88	1644366.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	61618.80	61618.80
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	61618.80	61618.80
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1800.00	1800.00
(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)).....	1800.00	1800.00
21. OTHER DISBURSEMENTS .....	2000.00	2000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	457992.68	1709784.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200139.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	314019.25
25. SUBTOTAL (add Line 23 and Line 24).....	514158.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	457992.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56165.69

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

CANDIDATE PRIMARY LOANS OF \$253,381.20 CANNOT BE REPAYED, THEREFORE WE HAVE ADJUSTED THE  
PRIMARY CANDIDATE LOAN BALANCE TO \$250,000.

Form/Schedule: F3A  
Transaction ID:

ITEMIZATION DETAIL FOR CERTAIN REIMBURSEMENTS TO INDIVIDUALS MAY NOT BE REFLECTED ON THE  
REPORT IF THE UNDERLYING VENDOR HAS NOT BEEN PAID OVER \$200 IN THE AGGREGATE.

**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 99  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**PEVSNER, N HENRY, , ,**

Mailing Address 2540 METROCENTRE BLVD., #1

City W. PALM BEACH State FL Zip Code 33407-3137

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

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  
08 / 12 / 2016

Transaction ID : SA11A.1714

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, HENRY, K., ,**

Mailing Address P.O. BOX 639

City MARIANNA State FL Zip Code 32447-0639

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

Name of Employer STATE FARM INSURANCE OF MARIANNA Occupation INSURANCE AGENT

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  
08 / 12 / 2016

Transaction ID : SA11A.1707

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BENNETT, MICHAEL, R., ,**

Mailing Address 5202 FINISTERRE DR

City PANAMA CITY BEACH State FL Zip Code 32408-7919

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

Name of Employer SELF EMPLOYED Occupation RESTAURANT OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
833.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : SA11A.1718

Amount of Each Receipt this Period  
333.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 833.00

**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 7 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**CARRAWAY, WILSON, , ,**  
 Mailing Address 3320 THOMASVILLE ROAD  
 City TALLAHASSEE State FL Zip Code 32308-7971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FARMERS AND MERCHANTS BANK Occupation CHAIRMAN OF THE BOARD  
 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  
 08 / 15 / 2016  
**Transaction ID : SA11A.1719**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**HARMAN, ANDREW, HUNTER, ,**  
 Mailing Address 111 WISTERIA WAY  
 City SANTA ROSA BEACH State FL Zip Code 32459-7179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BERKSHIRE HATHAWAY HOME SERVICES Occupation REALTOR  
 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  
 08 / 15 / 2016  
**Transaction ID : SA11A.1720**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**ADCOCK, AVERY, D., ,**  
 Mailing Address 1518 THURSO ROAD  
 City LYNN HAVEN State FL Zip Code 32444-8336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DAN'S PAWN Occupation PAWNBROKER  
 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  
 08 / 16 / 2016  
**Transaction ID : SA11A.1727**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

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

2000.00  
 2000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ARNOLD, LARRY, , ,**  
 Mailing Address 1616 COUNTRY CLUB DRIVE  
 City LYNN HAVEN State FL Zip Code 32444-1980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2016  
**Transaction ID : SA11A.1730**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDWARDS, ANNE, A., ,**  
 Mailing Address 200 PARK AVE  
 City POINT PLEASANT BEA State NJ Zip Code 08742-5048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2016  
**Transaction ID : SA11A.1732**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOFFMAN, CARLANA, M., ,**  
 Mailing Address 2023 MIDDLEWOOD DRIVE  
 City TALLAHASSEE State FL Zip Code 32312-2452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A 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  
 08 / 16 / 2016  
**Transaction ID : SA11A.1722**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

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

950.00



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

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

FOR LINE NUMBER: PAGE 9 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**KOO, ALEC, , ,**  
 Mailing Address 201 ANDERSON ST  
 City MANHATTAN BEACH State CA Zip Code 90266-6609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SKYLINE UROLOGY Occupation PHYSICIAN  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2016  
**Transaction ID : SA11A.1731**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**PITTMAN, CHRIS, , ,**  
 Mailing Address 1099 SHIPWATCH CIR  
 City TAMPA State FL Zip Code 33602-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 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  
 08 / 16 / 2016  
**Transaction ID : SA11A.1728**  
 Amount of Each Receipt this Period  
 1700.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**PITTMAN, CHRIS, , ,**  
 Mailing Address 1099 SHIPWATCH CIR  
 City TAMPA State FL Zip Code 33602-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 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  
 08 / 16 / 2016  
**Transaction ID : SA11A.1735**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
**CONTRIBUTION**

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

2500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ULHAQ, ATA, , ,**  
 Mailing Address 127 TWILIGHT BAY DRIVE  
 City PANAMA CITY BEACH State FL Zip Code 32407-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MIDWAY MEDICAL CLINIC II Occupation PHYSICIAN  
 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  
 08 / 16 / 2016  
**Transaction ID : SA11A.1734**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**ALPER, BRUCE, , ,**  
 Mailing Address 566 LANTERNBACK ISLAND DRIVE  
 City SATELLITE BEACH State FL Zip Code 32937-4712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORLANDO VAMC Occupation GENERAL SURGEON  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2016  
**Transaction ID : SA11A.1746**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**BURDAY, DAVID, , ,**  
 Mailing Address 2516 HARRIMAN CIRCLE  
 City TALLAHASSEE State FL Zip Code 32308-0920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED UROLOGY INSTITUTE Occupation PHYSICIAN  
 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  
 08 / 17 / 2016  
**Transaction ID : SA11A.1747**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**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 11 OF 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**CONCEPCION, RAOUL, , ,**

Mailing Address 4124 SNEED RD

City NASHVILLE State TN Zip Code 37215-2304

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

Name of Employer UROLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 17 2016

Transaction ID : SA11A.1742

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

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

Mailing Address 2145 E. CAMINO EL GANADO

City TUCSON State AZ Zip Code 85718-4107

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

Name of Employer UROLOGICAL ASSOCIATES OF SOUTHERN , Occupation UROLOGIST

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  
08 17 2016

Transaction ID : SA11A.1739

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIN, JEFFERSON, , ,**

Mailing Address 2540 INLYNNVIEW ROAD

City VIRGINIA BEACH State VA Zip Code 23454-1844

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

Name of Employer UROLOGY OF VIRGINIA Occupation PHYSICIAN

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  
08 17 2016

Transaction ID : SA11A.1741

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**RAMOS, CARLOS, E.,**  
Mailing Address 400 RUE LAROCHE

City LYNN HAVEN State FL Zip Code 32444-1556

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

Name of Employer PANAMA CITY UROLOGICAL CENTER Occupation UROLOGIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2016

Transaction ID : SA11A.1748

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CREEL, HILTON, E.,**  
Mailing Address 5920 ARD DRIVE

City YOUNGSTOWN State FL Zip Code 32466

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

Name of Employer SELF EMPLOYED Occupation BUILDING INSPECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1193.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2016

Transaction ID : SA11A.553

Amount of Each Receipt this Period  
1193.90

Memo Item  
IN-KIND - POSTAGE, ENVELOPES, PRINTING

**C.** Full Name (Last, First, Middle Initial)  
**FINNEY, N., REED , ,**  
Mailing Address 13828 BIG ISLAND POND ROAD

City SOUTHPORT State FL Zip Code 32409-4672

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

Name of Employer BAY MEDICAL CENTER Occupation SURGEON

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  
 08 / 18 / 2016

Transaction ID : SA11A.1749

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2193.90

**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 13 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**COOK, JANA, LEE, ,**  
 Mailing Address 504 CHERRY ST  
 City PANAMA CITY State FL Zip Code 32401-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOMEMAKER  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 774.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2016  
**Transaction ID : SA11A.1754**  
 Amount of Each Receipt this Period  
 274.75  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**DICKERSON, YVONNE, , ,**  
 Mailing Address 502 WOOD TRAIL  
 City PANAMA CITY State FL Zip Code 32405-4483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOMEMAKER  
 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  
 08 / 19 / 2016  
**Transaction ID : SA11A.1759**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DIPIAZZA, DAVID, J., ,**  
 Mailing Address 3743 PRESIDENTIAL DR  
 City PALM HARBOR State FL Zip Code 34685-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UROLOGY SPECIALISTS OF W FLA Occupation PHYSICIAN  
 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  
 08 / 19 / 2016  
**Transaction ID : SA11A.1761**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1224.75  
**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 14 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**DIPIAZZA, DAVID, J., ,**  
 Mailing Address 3743 PRESIDENTIAL DR  
 City PALM HARBOR State FL Zip Code 34685-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UROLOGY SPECIALISTS OF W FLA Occupation PHYSICIAN  
 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  
 08 / 19 / 2016  
**Transaction ID : sd102.35698.32**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MCKENNA, PATRICK, , ,**  
 Mailing Address 825 FARWELL DR.  
 City MADISON State WI Zip Code 53704-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 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  
 08 / 19 / 2016  
**Transaction ID : SA11A.1760**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**YOUNG, JOEL, , ,**  
 Mailing Address 255 BERT KOUNS  
 City SHREVEPORT State LA Zip Code 71106-8150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REGIONAL UROLOGY Occupation PHYSICIAN  
 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  
 08 / 19 / 2016  
**Transaction ID : SA11A.1756**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**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 15 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**BARKLEY, CRAIG, , ,**

Mailing Address 30 SUNSET BAY DR.

City BELLEAIR State FL Zip Code 33756-1643

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

Name of Employer UROLOGY SPECIALISTS OF WEST FLORIDA Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2016

Transaction ID : SA11A.1767

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3208 DEER HAVEN BLVD

City PANAMA CITY State FL Zip Code 32408-7165

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

Name of Employer SELF EMPLOYED Occupation BARBERSHOP OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2016

Transaction ID : SA11A.1768

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HALE, BRIAN, D., ,**

Mailing Address 340 TALL OAK TRL

City TARPON SPRINGS State FL Zip Code 34688-7711

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

Name of Employer UROLOGY SPECIALISTS OF W FLA Occupation PHYSICIAN

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  
 08 / 20 / 2016

Transaction ID : SA11A.1766

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 16 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**LEWIS, CAROL, J., ,**  
 Mailing Address 4611 VISTA LANE  
 City LYNN HAVEN State FL Zip Code 32444-3461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2016  
**Transaction ID : SA11A.1771**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MARUNIAK, NICK, , ,**  
 Mailing Address 1201 S 9TH STREET  
 City LEESBURG State FL Zip Code 34748-6845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED UROLOGY INSTITUTE Occupation PATHOLOGIST  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2016  
**Transaction ID : SA11A.1769**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**SIEGEL, SANFORD, , ,**  
 Mailing Address 9 BELLCHASE COURT  
 City PIKESVILLE State MD Zip Code 21208-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHESAPEAKE UROLOGY ASSOCIATES Occupation PHYSICIAN  
 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  
 08 / 20 / 2016  
**Transaction ID : SA11A.1762**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3950.00  
**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 17 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**LIEBERMAN, ELLIOTT, , ,**  
 Mailing Address 36 RUSTIC GATE  
 City DIX HILLS State NY Zip Code 11746-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMP, PLLC Occupation UROLOGIST  
 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  
 08 / 21 / 2016  
**Transaction ID : SA11A.1765**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUSSMAN, ERNEST, , ,**  
 Mailing Address 9805 MOUNTAIN GROVE CT.  
 City LAS VEGAS State NV Zip Code 89134-6722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 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  
 08 / 21 / 2016  
**Transaction ID : SA11A.1764**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GREEN, ADRIANNE, K., ,**  
 Mailing Address 5233 FINISTERRE DR  
 City PANAMA CITY BEACH State FL Zip Code 32408-7931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2016  
**Transaction ID : SA11A.1773**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item  
 CONTRIBUTION

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

1200.00

**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 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**GREEN, ADRIANNE, K., ,**  
Mailing Address 5233 FINISTERRE DR

City PANAMA CITY BEACH State FL Zip Code 32408-7931

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 22 2016

Transaction ID : **SD102.365.365**

Amount of Each Receipt this Period  
1800.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GREEN, JAMES, T., ,**  
Mailing Address 5233 FINISTERRE DR

City PANAMA CITY BEACH State FL Zip Code 32408-7931

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 22 2016

Transaction ID : **SA11A.1775**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HUMPHREYS, IOANA L., , ,**  
Mailing Address P.O. BOX 27208

City PANAMA CITY State FL Zip Code 32411-7208

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

Name of Employer N/A Occupation RETIRED

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  
08 22 2016

Transaction ID : **SA11A.1780**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

**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: (check only one)		PAGE 19 OF 99	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**HUMPHREYS, IOANA L., , ,**

Mailing Address P.O. BOX 27208

City PANAMA CITY	State FL	Zip Code 32411-7208
---------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

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  
08 / 22 / 2016

**Transaction ID : SA11A.1786**

Amount of Each Receipt this Period  
2300.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PEREZ-MARRERO, RAMON, , ,**

Mailing Address 1854 KINSMERE DR

City TRINITY	State FL	Zip Code 34655-4532
-----------------	-------------	------------------------

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

Name of Employer UROLOGY SPECIALISTS OF W FLA	Occupation PHYSICIAN
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2460.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 22 / 2016

**Transaction ID : SA11A.1772**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COTTRELL, CHARLES, , ,**

Mailing Address 114 BROOKS BOULEVARD

City BREWTON	State AL	Zip Code 36426-4002
-----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation PHARMACIST
-----------------------------------	--------------------------

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  
08 / 23 / 2016

**Transaction ID : SA11A.1782**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3550.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**RAMOS, CARLOS, E., ,**  
 Mailing Address 400 RUE LAROCHE  
 City LYNN HAVEN State FL Zip Code 32444-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PANAMA CITY UROLOGICAL CENTER Occupation UROLOGIST  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016  
**Transaction ID : SA11A.1783**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**GREEN, PATRICK, , ,**  
 Mailing Address 6436 SOUTH LAGOON DR.  
 City PANAMA CITY BEACH State FL Zip Code 32408-6003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation BOAT CAPTAIN  
 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  
 08 / 24 / 2016  
**Transaction ID : SA11A.1787**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**GAINER, GEORGE, B., ,**  
 Mailing Address 720 W BEACH DRIVE  
 City PANAMA CITY State FL Zip Code 32401-2320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAY LINCOLN, MERCURY, ETC Occupation OWNER  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016  
**Transaction ID : SA11A.1791**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**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 21 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**GAINER, GEORGE, B., ,**

Mailing Address 720 W BEACH DRIVE

City PANAMA CITY State FL Zip Code 32401-2320

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

Name of Employer BAY LINCOLN, MERCURY, ETC Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016

Transaction ID : SA11A.1792

Amount of Each Receipt this Period  
 300.00

Memo Item CONTRIBUTION

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

Mailing Address 720 W BEACH DRIVE

City PANAMA CITY State FL Zip Code 32401-2320

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016

Transaction ID : SA11A.1793

Amount of Each Receipt this Period  
 700.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HANDWERKER, NICOLE, , ,**

Mailing Address 600 GRAND PANAMA BLVD

City PANAMA CITY BEACH State FL Zip Code 32407-3459

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

Name of Employer LEEWARD MEDICAL GROUP Occupation MEDICAL DIRECTOR

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  
 08 / 25 / 2016

Transaction ID : SA11A.1788

Amount of Each Receipt this Period  
 500.00

Memo Item CONTRIBUTION

**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: PAGE 22 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**PARELL, G, JOSEPH, ,**

Mailing Address 330 W 23RD ST  
STE E

City PANAMA CITY State FL Zip Code 32405-4540

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

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  
 08 / 25 / 2016

Transaction ID : SA11A.1790

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GRANTHAM, GREGORY, P., ,**

Mailing Address 340 W 23RD ST  
STE A

City PANAMA CITY State FL Zip Code 32405-4541

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

Name of Employer ORAL SURGERY PANAMA CITY Occupation DENTIST

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  
 08 / 26 / 2016

Transaction ID : SA11A.1797

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GRANTHAM, GREGORY, P., ,**

Mailing Address 340 W 23RD ST  
STE A

City PANAMA CITY State FL Zip Code 32405-4541

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

Name of Employer ORAL SURGERY PANAMA CITY Occupation DENTIST

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  
 08 / 26 / 2016

Transaction ID : SA11A.1804

Amount of Each Receipt this Period  
2300.00

Memo Item CONTRIBUTION

**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: PAGE 23 OF 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**RUPLI, TIM, , ,**

Mailing Address 6627 HOLLAND STREET

City MCLEAN State VA Zip Code 22101-1612

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

Name of Employer T.R. RUPLI & ASSOCIATES, INC. Occupation CEO

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  
08 / 26 / 2016

Transaction ID : SA11A.1796

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HUDSON, BARBARA, T., ,**

Mailing Address 3741 DORSET WAY

City TALLAHASSEE State FL Zip Code 32303-2005

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

Name of Employer N/A Occupation RETIRED

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  
08 / 28 / 2016

Transaction ID : SA11A.1805

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEUBAUER, TOM, , ,**

Mailing Address 608 SHORELINE DR.

City PANAMA CITY State FL Zip Code 32404-2658

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

Name of Employer ERA NEUBAUER REAL ESTATE Occupation REALTOR/BROKER

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  
08 / 28 / 2016

Transaction ID : SA11A.1803

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**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: PAGE 24 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SU, LI-MING, , ,**  
 Mailing Address 11447 SW 27TH AVENUE  
 City Gainesville State FL Zip Code 32608-8945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHANDS HOSPITAL Occupation UROLOGIST  
 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  
 08 / 28 / 2016  
**Transaction ID : SA11A.1807**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**WITCHEY, DEBORAH, , ,**  
 Mailing Address 6921 PINECREST AVE  
 City MCLEAN State VA Zip Code 22101-3526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEALTHCARE LEADERSHIP COUNCIL Occupation EXECUTIVE VP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : SA11A.1812**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**CROSSEN, MICHAEL, , ,**  
 Mailing Address 530 ATLANTIC AVENUE  
 City BOSTON State MA Zip Code 02210-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RUBIN AND RUDMAN LLP Occupation ATTORNEY  
 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  
 08 / 30 / 2016  
**Transaction ID : SA11A.1814**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 25 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**DETORE, JOHN, , ,**

Mailing Address 22 LIBERTY WHARF

City BOSTON State MA Zip Code 02210-

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

Name of Employer RUBIN AND RUDMAN LLP Occupation ATTORNEY

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  
 08 30 2016

Transaction ID : SA11A.1815

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 13503 NW 8TH RD

City NEWBERRY State FL Zip Code 32669-3328

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

Name of Employer UNIV. OF FL/DEPT. OF UROLOGY Occupation UROLOGIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 31 2016

Transaction ID : SA11A.1824

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KAPOOR, DEEPAK, , ,**

Mailing Address 532 BROADHOLLOW ROAD

City MELVILLE State NY Zip Code 11747-3672

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

Name of Employer IMP Occupation PHYSICIAN EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 01 2016

Transaction ID : SA11A.1821

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 3300.00

**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 26 OF 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ARTMAN, DAVID, , ,**

Mailing Address 4102 COBALT CIRCLE

City PANAMA CITY State FL Zip Code 32408-7069

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

Name of Employer CONCURRENT TEXHNOLOGIES Occupation SENIOR VICE PRESIDENT

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  
09 06 2016

Transaction ID : SA11A.1825

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LLOYD, JUNE, C., ,**

Mailing Address 1314 COUNTRY CLUB DR

City LYNN HAVEN State FL Zip Code 32444-1974

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 06 2016

Transaction ID : SA11A.1833

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FANJUL JR., JOSE, , ,**

Mailing Address 1 NORTH CLEMATIS STREET, STE. 200

City WEST PALM BEACH State FL Zip Code 33401-5551

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

Name of Employer FLORIDA CRYSTALS CORPORATION Occupation EVP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 07 2016

Transaction ID : SA11A.1826

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

5900.00

**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 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**NORWOOD, JEREMY, , ,**  
 Mailing Address 4435 SWAN LAKE RD  
 City BOSSIER CITY State LA Zip Code 71111-6424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REGIONAL UROLOGY Occupation UROLOGIST  
 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  
 09 / 07 / 2016  
**Transaction ID : SA11A.1827**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**CLEAVER, LAIRD, , ,**  
 Mailing Address 730 REEF RD  
 City VERO BEACH State FL Zip Code 32963-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2016  
**Transaction ID : SA11A.1830**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**PALMER, THOMAS, , ,**  
 Mailing Address 613 LINDEN STREET  
 City SHREVEPORT State LA Zip Code 71104-4317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REGIONAL UROLOGY Occupation UROLOGIST  
 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  
 09 / 08 / 2016  
**Transaction ID : SA11A.1829**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

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

3450.00

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

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

FOR LINE NUMBER: PAGE 28 OF 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**CANTENS, GASTON, , ,**

Mailing Address 13400 MARSH LANDING

City PALM BEACH GARDENS State FL Zip Code 33418-7515

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

Name of Employer FLORIDA CRYSTALS Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : SA11A.1831**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

Mailing Address 255 BERT KOUNS

City SHREVEPORT State LA Zip Code 71106-8150

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

Name of Employer REGIONAL UROLOGY Occupation UROLOGIST

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  
09 / 13 / 2016

**Transaction ID : SA11A.1835**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIEBERMAN, ELLIOTT, , ,**

Mailing Address 36 RUSTIC GATE

City DIX HILLS State NY Zip Code 11746-6132

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

Name of Employer IMP, PLLC Occupation UROLOGIST

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  
09 / 17 / 2016

**Transaction ID : SA11A.1837**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3050.00

**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: (check only one)		PAGE 29 OF 99	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**LIEBERMAN, ELLIOTT, , ,**

Mailing Address 36 RUSTIC GATE

City DIX HILLS	State NY	Zip Code 11746-6132
-------------------	-------------	------------------------

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

Name of Employer IMP, PLLC	Occupation UROLOGIST
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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  
09 / 17 / 2016

**Transaction ID : SA11A.1838**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3085 WATSON DRIVE

City MARIANNA	State FL	Zip Code 32446-2208
------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

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  
09 / 19 / 2016

**Transaction ID : SA11A.1839**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 229 S COVE TERRACE DR

City PANAMA CITY	State FL	Zip Code 32401-4038
---------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

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  
09 / 20 / 2016

**Transaction ID : SA11A.1854**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ALESHIRE, SUSIE, , ,**

Mailing Address 4930 SW 198 TERR

City SOUTHWEST RANCHES State FL Zip Code 33332-1130

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

Name of Employer DEBONAIR Occupation OWNER

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  
09 / 22 / 2016

Transaction ID : SA11A.1840

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1801 NW HEWITT LAND RD

City MAYO State FL Zip Code 32066-5470

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

Name of Employer FLORIDA FARM BUREAU Occupation PRESIDENT

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  
09 / 26 / 2016

Transaction ID : SA11A.1847

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MCMANUS, JOHN, , ,**

Mailing Address 2082 GRACE MANOR CT

City MCLEAN State VA Zip Code 22101-4900

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

Name of Employer THE MCMANUS GROUP Occupation GOV'T RELATIONS

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  
09 / 26 / 2016

Transaction ID : SA11A.1849

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 31 OF 99  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ARMSTRONG, JOHN, H., ,**  
Mailing Address 688 SE 47TH LOOP

City Ocala State FL Zip Code 34480-4774

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

Name of Employer Occupation  
FLORIDA DEPT OF HEALTH FLORIDA SURGEON GENERAL

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  
09 29 2016

Transaction ID : SA11A.1852

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DERDERIAN, JAMES, , ,**  
Mailing Address 182 PRINCE GEORGE STREET

City ANNAPOLIS State MD Zip Code 21401-1724

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

Name of Employer Occupation  
THE STANTON PARK GROUP 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  
09 30 2016

Transaction ID : SA11A.1853

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KOZUCH, RANDY, , ,**  
Mailing Address 706 ROSE SQUARE

City ALEXANDRIA State VA Zip Code 22314-6250

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

Name of Employer Occupation  
NATIONAL RIFLE ASSOCIATION GOVERNMENT RELATIONS

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  
09 30 2016

Transaction ID : SA11A.1873

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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: (check only one)		PAGE 32 OF 99	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SEMENIUK, LAUREN, E., ,**

Mailing Address 13913 AMBERLY COURT

City BOWIE	State MD	Zip Code 20720-4811
---------------	-------------	------------------------

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

Name of Employer NOVA NORDISK	Occupation GOVERNMENT RELATIONS
----------------------------------	------------------------------------

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  
09 / 30 / 2016

**Transaction ID : SA11A.1868**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
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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
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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

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	59551.65



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

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

FOR LINE NUMBER: PAGE 33 OF 99  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**THE JACKSON COUNTY REPULICAN EXECUTIVE COMMITTEE**

Mailing Address PO BOX 1035

City MARIANNA State FL Zip Code 32446-1035

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

Name of Employer Occupation

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  
 09 / 20 / 2016

**Transaction ID : SA11B.1855**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFERSON COUNTY REPUBLICAN PARTY**

Mailing Address PO BOX 29

City MONTICELLO State FL Zip Code 32345-0029

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

Name of Employer Occupation

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  
 09 / 29 / 2016

**Transaction ID : SA11B.1867**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**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

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**MORE CONSERVATIVES PAC MCPAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00540187

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  
 08 / 11 / 2016

**Transaction ID : SA11C.1704**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 225

City COLONIA	State NJ	Zip Code 07067-0225
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00581066

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  
 08 / 11 / 2016

**Transaction ID : SA11C.1705**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**USACS PAC**

Mailing Address 4535 DRESSLER ROAD NW

City CANTON	State OH	Zip Code 44718-2545
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00544957

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  
 08 / 11 / 2016

**Transaction ID : SA11C.1706**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**RESPONSIBLE FEDERAL GOVERNMENT COMMITTEE OF GULF POWER COMPA**

Mailing Address **ONE ENERGY PLACE**

City <b>PENSACOLA</b>	State <b>FL</b>	Zip Code <b>32520-0001</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00610782**

Name of Employer	Occupation
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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  
 08 / 12 / 2016

**Transaction ID : SA11C.1713**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**AUSTIN SCOTT FOR CONGRESS, INC**

Mailing Address **PO BOX 2530**

City <b>TIFTON</b>	State <b>GA</b>	Zip Code <b>31793-2530</b>
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FEC ID number of contributing federal political committee. **C C00482737**

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  
 08 / 16 / 2016

**Transaction ID : SA11C.1723**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC**

Mailing Address **1120 CONNECTICUT AVENUE NW  
SUITE 600**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036-3971</b>
---------------------------	--------------------	-------------------------------

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 ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2016

**Transaction ID : SA11C.1726**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 36 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**JM FAMILY ENTERPRISES INC. PAC**  
Mailing Address 100 JIM MORAN BLVD.  
City DEERFIELD BEACH State FL Zip Code 33442-1702  
FEC ID number of contributing federal political committee. **C** C00240911  
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  
08 / 16 / 2016  
Transaction ID : SA11C.1725  
Amount of Each Receipt this Period  
2000.00  
 Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE POLITICAL ACTION COMMITTEE OF ALABAMA FARMERS FEDERATION**  
Mailing Address P. O. BOX 11000  
City MONTGOMERY State AL Zip Code 36191-0001  
FEC ID number of contributing federal political committee. **C** C00094573  
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  
08 / 16 / 2016  
Transaction ID : SA11C.1724  
Amount of Each Receipt this Period  
5000.00  
 Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BLAINE, PAC**  
Mailing Address PO BOX 98  
City ST. ELIZABETH State MO Zip Code 65075-0098  
FEC ID number of contributing federal political committee. **C** C00458679  
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  
08 / 19 / 2016  
Transaction ID : SA11C.1755  
Amount of Each Receipt this Period  
2000.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 9000.00  
**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: (check only one)		PAGE 37 OF 99	
<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)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**VICTORY AND FREEDOM PAC**

Mailing Address 1666 K ST, NW  
STE 500

City WASHINGTON	State DC	Zip Code 20006-1218
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00525212

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  
08 / 19 / 2016

**Transaction ID : SA11C.1758**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 2385

City OTTAWA	State IL	Zip Code 61350-6985
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00522425

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  
08 / 20 / 2016

**Transaction ID : SA11C.1770**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City NEWBURGH	State IN	Zip Code 47629-0250
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00468256

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  
08 / 22 / 2016

**Transaction ID : SA11C.1777**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN	State KY	Zip Code 42102-9639
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00445023

Name of Employer	Occupation
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Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2016

**Transaction ID : SA11C.1778**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 853

City EDWARDSVILLE	State IL	Zip Code 62025-0853
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00390831

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  
 08 / 22 / 2016

**Transaction ID : SA11C.1779**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARTHA PAC**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA	State VA	Zip Code 22314-1837
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00527309

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  
 08 / 22 / 2016

**Transaction ID : SA11C.1776**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

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

FOR LINE NUMBER: PAGE 39 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**  
 Mailing Address 1125 EXECUTIVE CIRCLE  
 City IRVING State TX Zip Code 75038-2522  
 FEC ID number of contributing federal political committee. **C** C00140061  
 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  
 08 23 2016  
**Transaction ID : SA11C.1785**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SECURITY PAC**  
 Mailing Address 167 WEST MANOR LANE  
 City ALEXANDRIA State AL Zip Code 36250-6406  
 FEC ID number of contributing federal political committee. **C** C00439521  
 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  
 08 24 2016  
**Transaction ID : SA11C.1789**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FLORIDA FARM BUREAU FEDERATION PAC**  
 Mailing Address 5700 SW 34 STREET  
 City GAINESVILLE State FL Zip Code 32608-5300  
 FEC ID number of contributing federal political committee. **C** C00283572  
 Name of Employer Occupation  
 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  
 08 25 2016  
**Transaction ID : SA11C.1794**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3500.00  
**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: (check only one)		PAGE 40 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00325357

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  
08 / 25 / 2016

Transaction ID : SA11C.1795

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 442

City SHARPSBURG State GA Zip Code 30277-0442

FEC ID number of contributing federal political committee. **C** C00411579

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  
08 / 26 / 2016

Transaction ID : SA11C.1799

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191-4326

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 ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2016

Transaction ID : SA11C.1798

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**CHECKSMART FINANCIAL LLC PAC**

Mailing Address 7001 POST RD. STE. 200

City DUBLIN	State OH	Zip Code 43016-8334
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00433805

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  
08 / 26 / 2016

**Transaction ID : SA11C.1801**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CITIZENS TO ELECT PHIL ROE TO CONGRESS**

Mailing Address PO BOX 3218

City JOHNSON CITY	State TN	Zip Code 37602-3218
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00444471

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  
08 / 29 / 2016

**Transaction ID : SA11C.1813**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400

City WASHINGTON	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00106146

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  
08 / 30 / 2016

**Transaction ID : SA11C.1817**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

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

Mailing Address 824 S. MILLEDGE AVE.

City ATHENS	State GA	Zip Code 30605-1332
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00412288

Name of Employer	Occupation
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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  
 08 / 30 / 2016

**Transaction ID : SA11C.1819**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 20 F STREET, NW SUITE 610

City WASHINGTON	State DC	Zip Code 20001-6707
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00022343

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  
 08 / 30 / 2016

**Transaction ID : SA11C.1818**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 3601 VINCENNES ROAD  
PO BOX 68700

City INDIANAPOLIS	State IN	Zip Code 46268-1154
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00170258

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  
 08 / 30 / 2016

**Transaction ID : SA11C.1820**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

**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 43 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SOUTHEAST MILK INC. PAC**

Mailing Address POST OFFICE BOX 3790

City BELLEVIEW	State FL	Zip Code 34421-3790
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00359984

Name of Employer	Occupation
------------------	------------

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  
08 / 30 / 2016

**Transaction ID : SA11C.1816**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TRUST IS MARKETS WORK FUND**

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
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FEC ID number of contributing federal political committee. **C** C00498360

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  
09 / 12 / 2016

**Transaction ID : SA11C.1834**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VOICE FOR FREEDOM PAC**

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA	State GA	Zip Code 30339-3321
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00409805

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  
09 / 21 / 2016

**Transaction ID : SA11C.1856**

Amount of Each Receipt this Period  
2500.00

Memo Item  
PRIMARY DEBT RETIREMENT CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**TOM ROONEY FOR CONGRESS**  
 Mailing Address 1133 BAL HARBOR BLVD. 1139  
 City PUNTA GORDA State FL Zip Code 33950-6574  
 FEC ID number of contributing federal political committee. **C** C00432906  
 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  
 09 / 26 / 2016  
**Transaction ID : SA11C.1848**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**NFIB SAFE TRUST**  
 Mailing Address 1201 F ST. NW  
 SUITE 200  
 City WASHINGTON State DC Zip Code 20004-1221  
 FEC ID number of contributing federal political committee. **C** C00101105  
 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  
 09 / 29 / 2016  
**Transaction ID : SA11C.1866**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**JASON SMITH FOR CONGRESS**  
 Mailing Address PO BOX 1324  
 City CAPE GIRARDEAU State MO Zip Code 63702-1324  
 FEC ID number of contributing federal political committee. **C** C00541862  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11C.1874**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**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: (check only one)		PAGE 45 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**JEFF MILLER FOR CONGRESS**

Mailing Address P. O. BOX 126

City PENSACOLA	State FL	Zip Code 32591-0126
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00366757

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  
09 / 30 / 2016

**Transaction ID : SA11C.1883**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City JEFFERSON	State LA	Zip Code 70183-0219
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00394957

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  
09 / 30 / 2016

**Transaction ID : SA11C.1878**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WALTERS FOR CONGRESS**

Mailing Address 9070 IRVINE CENTER DRIVE, STE. 150

City IRVINE	State CA	Zip Code 92618-4691
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00546853

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  
09 / 30 / 2016

**Transaction ID : SA11C.1884**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 99	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SPORTFISHING ASSOCIATION PAC**

Mailing Address 1001 NORTH FAIRFAX ST  
SUITE 501

City ALEXANDRIA	State VA	Zip Code 22314-1587
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00249532

Name of Employer	Occupation
------------------	------------

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  
09 / 30 / 2016

**Transaction ID : SA11C.1881**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BLOOMIN' BRANDS INC PAC**

Mailing Address 2202 N. WESTSHORE BLVD.  
5TH FLOOR

City TAMPA	State FL	Zip Code 33607-5754
---------------	-------------	------------------------

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

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  
09 / 30 / 2016

**Transaction ID : SA11C.1888**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CMR PAC**

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00469429

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  
09 / 30 / 2016

**Transaction ID : SA11C.1886**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS**  
 Mailing Address PO BOX 772  
 City ARLINGTON State VA Zip Code 22216-0772  
 FEC ID number of contributing federal political committee. **C** C00592089  
 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  
 09 / 30 / 2016  
**Transaction ID : SA11C.1875**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**ERNEST & YOUNG POLITICAL ACTION COMMITTEE**  
 Mailing Address 1101 NEW YORK AVENUE, NW  
 City WASHINGTON State DC Zip Code 20005-4269  
 FEC ID number of contributing federal political committee. **C** C00227744  
 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  
 09 / 30 / 2016  
**Transaction ID : SA11C.1882**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**FLORIDA HEALTH POLITICAL ACTION COMMITTEE**  
 Mailing Address P.O. BOX 6936  
 4800 DEERWOOD CAMPUS PARKWY, DC3-4  
 City JACKSONVILLE State FL Zip Code 32236-6936  
 FEC ID number of contributing federal political committee. **C** C00161141  
 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  
 09 / 30 / 2016  
**Transaction ID : SA11C.1879**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7000.00  
**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: (check only one)	PAGE 48 OF 99
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN S FUND**

Mailing Address PO BOX 853

City EDWARDSVILLE	State IL	Zip Code 62025-0853
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00390831

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  
09 / 30 / 2016

**Transaction ID : SA11C.1871**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING	State TX	Zip Code 75038-2522
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11C.1869**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEW PAC**

Mailing Address P.O. BOX 7480

City VISALIA	State CA	Zip Code 93290-7480
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00398750

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  
09 / 30 / 2016

**Transaction ID : SA11C.1880**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 99
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**NRA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX	State VA	Zip Code 22030-7550
-----------------	-------------	------------------------

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

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  
09 / 30 / 2016

**Transaction ID : SA11C.1877**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION, INC.**

Mailing Address 320 1ST STREET SE

City WASHINGTON	State DC	Zip Code 20003-1838
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00377689

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  
09 / 30 / 2016

**Transaction ID : SA11C.1887**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RESPONSIBLE FEDERAL GOVERNMENT COMMITTEE OF GULF POWER COMPA**

Mailing Address ONE ENERGY PLACE

City PENSACOLA	State FL	Zip Code 32520-0001
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00610782

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  
09 / 30 / 2016

**Transaction ID : SA11C.1870**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00501478

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  
 09 / 30 / 2016

**Transaction ID : SA11C.1885**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE GUARDIAN FUND**

Mailing Address 2140 THREE M TRAIL

City DELAND State FL Zip Code 32720-1615

FEC ID number of contributing federal political committee. **C** C00493221

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  
 09 / 30 / 2016

**Transaction ID : SA11C.1876**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VOICE FOR FREEDOM PAC**

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339-3321

FEC ID number of contributing federal political committee. **C** C00409805

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  
 09 / 30 / 2016

**Transaction ID : SA11C.1872**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100100.00

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

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

FOR LINE NUMBER: PAGE 51 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**DUNN, NEAL, PATRICK, ,**

Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C** H6FL02208

Name of Employer Self Employed Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2016

Transaction ID : SD102.3265.365

Amount of Each Receipt this Period  
 253381.20

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11D

Transaction ID : SD102.3265.365

PORTION OF PRIMARY ELECTION CANDIDATE LOAN THAT CANNOT BE REPAYED.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 53 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**DUNN, NEAL, PATRICK, ,**

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C** H6FL02208

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
565000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2016

Transaction ID : SA13A.552

Amount of Each Receipt this Period  
50000.00

Memo Item

CANDIDATE LOAN - PERSONAL FUNDS

**B.** Full Name (Last, First, Middle Initial)  
**DUNN, NEAL, PATRICK, ,**

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C** H6FL02208

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
565000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016

Transaction ID : SA13A.650

Amount of Each Receipt this Period  
50000.00

Memo Item

CANDIDATE LOAN - PERSONAL FUNDS

**C.** Full Name (Last, First, Middle Initial)  
**DUNN, NEAL, PATRICK, ,**

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C** H6FL02208

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
565000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016

Transaction ID : SA13A.651

Amount of Each Receipt this Period  
50000.00

Memo Item

CANDIDATE LOAN - PERSONAL FUNDS

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

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

150000.00

150000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. COOPERATIVE STRATEGIES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016	
Mailing Address 8275 SIERRA WOODS CT			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32311	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type	Transaction ID : SB17.I558	
Candidate Name		<input type="checkbox"/> Memo Item		
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>B. CREATIVE DIRECT LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016	
Mailing Address 25 EAST MAIN STREET			FEC Identification Number C	
City RICHMOND	State VA	Zip Code 23219	Amount of Each Disbursement this Period 19337.00	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.I560	
Candidate Name		<input type="checkbox"/> Memo Item		
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>C. DISTRICT STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016	
Mailing Address 708 W 11TH ST			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32401	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I559	
Candidate Name		<input type="checkbox"/> Memo Item		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	34337.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. MENTZER MEDIA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016	
Mailing Address 210 PENNSYLVANIA AVE			FEC Identification Number C	
City TOWSON	State MD	Zip Code 21204	Amount of Each Disbursement this Period 59020.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.I561	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. ELECTION CONNECTIONS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address PO BOX 10866			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 312.65	
Purpose of Disbursement TELEPHONE CALLS		Category/ Type	Transaction ID : SB17.I649	
Candidate Name		Memo Item <input type="checkbox"/>		
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>C. VOTER OPINIONS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 708 N. FOREST DRIVE			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32303	Amount of Each Disbursement this Period 3975.00	
Purpose of Disbursement POLLING		Category/ Type	Transaction ID : SB17.I562	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	63307.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016
Mailing Address 5555 HILTON AVE STE. 106		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 134.70
Candidate Name		Transaction ID : SB17.I645
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. RED DIGITAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 2512		FEC Identification Number C
City RESTON	State VA	Zip Code 20195
Purpose of Disbursement ADVERTISING		Amount of Each Disbursement this Period 10000.00
Candidate Name		Transaction ID : SB17.I563
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CREEL, HILTON, E, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address 5920 ARD DRIVE		FEC Identification Number C
City YOUNGSTOWN	State FL	Zip Code 32466
Purpose of Disbursement IN-KIND - POSTAGE, ENVELOPES, PRINTING		Amount of Each Disbursement this Period 1193.90
Candidate Name		Transaction ID : SB21.I554
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11328.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. MENTZER MEDIA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016	
Mailing Address 210 PENNSYLVANIA AVE			FEC Identification Number C	
City TOWSON	State MD	Zip Code 21204	Amount of Each Disbursement this Period 67550.00	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.I565	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016	
Mailing Address 3522 THOMASVILLE RD			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32309	Amount of Each Disbursement this Period 159.50	
Purpose of Disbursement SERVICE CHARGE		Category/Type	Transaction ID : SB17.I564	
Candidate Name		Memo Item <input type="checkbox"/>		
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>C. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016	
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C	
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 60.70	
Purpose of Disbursement SERVICE CHARGE		Category/Type	Transaction ID : SB17.I566	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	67770.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. CRIMSON CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 1593 SPRING HILL ROAD STE 400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 122.95
Candidate Name		Transaction ID : SB17.I567
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 5555 HILTON AVE STE. 106		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 79.20
Candidate Name		Transaction ID : SB17.I555
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 5555 HILTON AVE STE. 106		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 39.30
Candidate Name		Transaction ID : SB17.I556
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	241.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. CARROLL AND COMPANY CPA</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 2640-A MITCHAM DRIVE			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32308	Amount of Each Disbursement this Period 7303.73	
Purpose of Disbursement ACCOUNTING SERVICES AND POSTAGE			Transaction ID : SB17.I571	
Candidate Name			<input type="checkbox"/> Memo Item	
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>B. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C	
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 798.00	
Purpose of Disbursement CAMPAIGN SOFTWARE			Transaction ID : SB17.I568	
Candidate Name			<input type="checkbox"/> Memo Item	
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>C. MCLAUGHLIN &amp; ASSOCIATES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 566 SOUTH ROUTE 303			FEC Identification Number C	
City BLAUVELT	State NY	Zip Code 10913	Amount of Each Disbursement this Period 13700.00	
Purpose of Disbursement SURVEY			Transaction ID : SB17.I572	
Candidate Name			<input type="checkbox"/> Memo Item	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21801.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. MENTZER MEDIA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 210 PENNSYLVANIA AVE			FEC Identification Number C	
City TOWSON	State MD	Zip Code 21204	Amount of Each Disbursement this Period 50970.00	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.I569	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. USAA SAVINGS BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 10750 MCDERMOTT FWY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78288	Amount of Each Disbursement this Period 9058.01	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE BELOW		Category/Type	Transaction ID : SB17.I570	
Candidate Name		Memo Item <input type="checkbox"/>		
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>C. ALMEGA SPORTS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 2497 FL-77			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32405	Amount of Each Disbursement this Period 838.50	
Purpose of Disbursement PRINTING		Category/Type	Transaction ID : SB17.I630	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60028.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address P.O. BOX 20706			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30320	Amount of Each Disbursement this Period 682.20	
Purpose of Disbursement AIR TRAVEL		Category/Type	Transaction ID : SB17.I628	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>B. DISNEY RESORTS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 1700 EPCOT RESORTS BLVD			FEC Identification Number C	
City LAKE BUENA VISTA	State FL	Zip Code 32830	Amount of Each Disbursement this Period 2485.14	
Purpose of Disbursement LODGING		Category/Type	Transaction ID : SB17.I623	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>C. FEDEX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 3610 HACKS CROSS ROAD			FEC Identification Number C	
City MEMPHIS	State TN	Zip Code 38125	Amount of Each Disbursement this Period 170.47	
Purpose of Disbursement POSTAGE		Category/Type	Transaction ID : SB17.I617	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 65.00	
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 : SB17.I622 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOMEWOOD SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 3333 SW 42ND STREET		FEC Identification Number C
City GAINESVILLE	State FL	Zip Code 32608
Purpose of Disbursement LODGING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 230.93	
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 : SB17.I624 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KNOLOGY INC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 1241 O G SKINNER DR		FEC Identification Number C
City WEST POINT	State GA	Zip Code 31833
Purpose of Disbursement UTILITIES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 133.36	
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 : SB21.I627 <input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. MAILCHIMP.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30308
Purpose of Disbursement EMAIL SERVICES		Amount of Each Disbursement this Period 325.00
Candidate Name		Transaction ID : SB17.I620
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MAILCHIMP.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30308
Purpose of Disbursement EMAIL SERVICES		Amount of Each Disbursement this Period 325.00
Candidate Name		Transaction ID : SB17.I620
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 402 W 23RD STREET		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32405
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 486.94
Candidate Name		Transaction ID : SB17.I618
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 731 E 23RD STREET			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32405	Amount of Each Disbursement this Period 214.93	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I625	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>B. UNITED STATES POST OFFICE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 1315 W 17TH STREET			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32405	Amount of Each Disbursement this Period 141.00	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.I629	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>C. WAL-MART</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 513 W 23RD STREET			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32405	Amount of Each Disbursement this Period 379.72	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I619	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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:				

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. USAA SAVINGS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 10750 MCDERMOTT FWY		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78288
Purpose of Disbursement TRAVEL, FOOD AND BEVERAGE		Amount of Each Disbursement this Period 366.00
Candidate Name		Transaction ID : SB17.I616
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CREATIVE DIRECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016
Mailing Address 25 EAST MAIN STREET		FEC Identification Number C
City RICHMOND	State VA	Zip Code 23219
Purpose of Disbursement ADVERTISING		Amount of Each Disbursement this Period 125.00
Candidate Name		Transaction ID : SB17.I573
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CRIMSON CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address 1593 SPRING HILL ROAD STE 400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 272.25
Candidate Name		Transaction ID : SB17.I574
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	763.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. MENTZER MEDIA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016	
Mailing Address 210 PENNSYLVANIA AVE			FEC Identification Number C	
City TOWSON	State MD	Zip Code 21204	Amount of Each Disbursement this Period 29720.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.I575	
Candidate Name		<input type="checkbox"/> Memo Item		
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>B. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2016	
Mailing Address 5555 HILTON AVE STE. 106			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 47.25	
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I646	
Candidate Name		<input type="checkbox"/> Memo Item		
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>C. KEY &amp; ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016	
Mailing Address 12176 CHANCERY STATION CIR			FEC Identification Number C	
City RESTON	State VA	Zip Code 20190	Amount of Each Disbursement this Period 6404.34	
Purpose of Disbursement MANAGEMENT CONSULTING AND TRAVEL		Category/ Type	Transaction ID : SB17.I577	
Candidate Name		<input type="checkbox"/> Memo Item		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	36171.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. SEVEN HILLS STRATEGY GROUP, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016	
Mailing Address PO BOX 1385			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 2948.89	
Purpose of Disbursement DIRECT MAIL		Category/ Type	Transaction ID : SB17.I576	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016	
Mailing Address 5555 HILTON AVE STE. 106			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 4.20	
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I647	
Candidate Name		Memo Item <input type="checkbox"/>		
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>C. VOTER OPINIONS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016	
Mailing Address 708 N. FOREST DRIVE			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32303	Amount of Each Disbursement this Period 8075.00	
Purpose of Disbursement POLLING		Category/ Type	Transaction ID : SB17.I578	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11028.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address 5555 HILTON AVE STE. 106		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 4.20
Candidate Name		Transaction ID : SB17.I648
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEATHERAGE, CRAIG, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 303 MEADOWOOD CT		FEC Identification Number C
City LYNN HAVEN	State FL	Zip Code 32444
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 4300.00
Candidate Name		Transaction ID : SB17.I582
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GARTNER, GUNNAR, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016
Mailing Address 1913 WILMONT AVE		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32405
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.I583
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4804.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. HOFFMAN, LANDON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 2023 MIDDLEWOOD DRIVE			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 3125.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : SB17.I580	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KENDRICK, WILL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 67 FROSTY DR			FEC Identification Number C	
City CRAWFORDVILLE	State FL	Zip Code 32327	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : SB17.I584	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RUSSELL, TYLER, C, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 9604 DEER VALLEY DR			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 3876.12	
Purpose of Disbursement FUNDRAISING CONSULTING, TELEPHONE, OFFICE SUPPLIES		Category/Type	Transaction ID : SB17.I581	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11001.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. COSTCO WHOLESALE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 4067 LAGNIAPPE WAY			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32317	Amount of Each Disbursement this Period 526.12	
Purpose of Disbursement OFFICE SUPPLIES		Category/Type	Transaction ID : SD102.3265.3653	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 6721 THOMASVILLE ROAD			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement TELEPHONE		Category/Type	Transaction ID : SD102.3232.325	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COOPERATIVE STRATEGIES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 8275 SIERRA WOODS CT			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32311	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/Type	Transaction ID : SB17.I585	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 99			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. DISTRICT STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016		
Mailing Address 708 W 11TH ST			FEC Identification Number C		
City PANAMA CITY	State FL	Zip Code 32401	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I586		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016		
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C		
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 52.45		
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I587		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016		
Mailing Address PO BOX 650448			FEC Identification Number C		
City DALLAS	State TX	Zip Code 75265	Amount of Each Disbursement this Period 691.91		
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I588		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5744.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. CRIMSON CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016
Mailing Address 1593 SPRING HILL ROAD STE 400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 75.20
Candidate Name		Transaction ID : SB17.I589
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TERRAFERMA, FRANK, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016
Mailing Address PO BOX 1491		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32302
Purpose of Disbursement ROBO CALLS		Amount of Each Disbursement this Period 1015.81
Candidate Name		Transaction ID : SB17.I592
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SKYLINE CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016
Mailing Address 3050 SKYLINE DRIVE		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12306
Purpose of Disbursement ROBO CALLS		Amount of Each Disbursement this Period 1015.81
Candidate Name		Transaction ID : SB17.I593
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1091.01
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address 333 W NORTH AVENUE 122			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement SOCIAL MEDIA CONSULTING		Category/ Type	Transaction ID : SB17.I596	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AWARENESS ANALYTICS PARTNERS LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address 333 W NORTH AVENUE 122			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.I602	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BASCOM COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address P.O. BOX 2442			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32316	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type	Transaction ID : SB17.I600	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 99			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. CARROLL AND COMPANY CPA</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016		
Mailing Address 2640-A MITCHAM DRIVE			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32308	Amount of Each Disbursement this Period 3600.00		
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type	Transaction ID : SB17.I601		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ELECTION CONNECTIONS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016		
Mailing Address PO BOX 10866			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 2228.30		
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.I599		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. EM CAMPAIGNS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016		
Mailing Address 420 EAST JEFFERSON STREET			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 2543.22		
Purpose of Disbursement SOCIAL MEDIA CONSULTING AND ADVERTISING		Category/ Type	Transaction ID : SB17.I598		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8371.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. FRONT LINE STRATEGIES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address PO BOX 1491			FEC Identification Number C	
City TALLAHASSE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type	Transaction ID : SB17.I597	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PROSEQUENCE LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address PO BOX 10666			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 7000.00	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type	Transaction ID : SB17.I595	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SMITTY'S BBQ</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address 651 US HIGHWAY 231			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32405	Amount of Each Disbursement this Period 764.96	
Purpose of Disbursement EVENT FOOD AND BEVERAGE		Category/ Type	Transaction ID : SB17.I590	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10264.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. SUMMIT FINANCIAL ENTERPRISES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address 2101 NORTHSIDE DR. STE. 104			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32405	Amount of Each Disbursement this Period 1341.71	
Purpose of Disbursement OFFICE RENT AND UTILITIES		Category/Type	Transaction ID : SB17.I594	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016	
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C	
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 173.95	
Purpose of Disbursement SERVICE CHARGE		Category/Type	Transaction ID : SB17.I603	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TERRAFERMA, FRANK, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016	
Mailing Address PO BOX 1491			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32302	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement ROBO CALLS		Category/Type	Transaction ID : SB17.I607	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1815.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. SKYLINE CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016	
Mailing Address 3050 SKYLINE DRIVE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement ROBO CALLS		Category/Type	Transaction ID : SB17.I608	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C	
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 798.00	
Purpose of Disbursement CAMPAIGN SOFTWARE		Category/Type	Transaction ID : SB17.I609	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. USAA SAVINGS BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address 10750 MCDERMOTT FWY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78288	Amount of Each Disbursement this Period 5909.55	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE BELOW		Category/Type	Transaction ID : SB17.I610	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6707.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. BHM AL-SC ADVERTISING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address PO BOX 280			FEC Identification Number C	
City DOTHAN	State AL	Zip Code 36302	Amount of Each Disbursement this Period 274.75	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.I641	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BUSY BEE GAS STATION</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address 6458 US HIGHWAY 129 N			FEC Identification Number C	
City LIVE OAK	State FL	Zip Code 32060	Amount of Each Disbursement this Period 30.31	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17.I643	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CHIEFLAND CITIZEN</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address 624 W PARK AVENUE			FEC Identification Number C	
City CHIEFLAND	State FL	Zip Code 32626	Amount of Each Disbursement this Period 987.50	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.I636	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. EB REPUBLICAN VETERANS OF FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 155 5TH STREET 7TH FLOOR		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement ADVERTISING		Amount of Each Disbursement this Period 425.96
Candidate Name		Transaction ID : SB17.I635
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 3610 HACKS CROSS ROAD		FEC Identification Number C
City MEMPHIS	State TN	Zip Code 38125
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 226.43
Candidate Name		Transaction ID : SB17.I642
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GHM NEWS HERALD ADV</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 501 WEST 11TH STREET		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32401
Purpose of Disbursement ADVERTISING		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.I637
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 81.12	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I632 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KNOLOGY INC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 1241 O G SKINNER DR		FEC Identification Number C
City WEST POINT	State GA	Zip Code 31833
Purpose of Disbursement UTILITIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 290.28	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.I640 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MAILCHIMP.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30308
Purpose of Disbursement EMAIL SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 275.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I638 <input checked="" type="checkbox"/> Memo Item
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 402 W 23RD STREET		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32405
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 225.64
Candidate Name		Transaction ID : SB17.I634
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 731 E 23RD STREET		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32405
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 82.42
Candidate Name		Transaction ID : SB17.I644
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE LAKE CITY REPORTER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 180 E DUVAL STREET		FEC Identification Number C
City LAKE CITY	State FL	Zip Code 32055
Purpose of Disbursement ADVERTISING		Amount of Each Disbursement this Period 1107.00
Candidate Name		Transaction ID : SB17.I631
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. UNITED STATES POST OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 1315 W 17TH STREET		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32405
Purpose of Disbursement POSTAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 47.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I639
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 513 W 23RD STREET		FEC Identification Number C
City PANAMA CITY	State FL	Zip Code 32405
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 455.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I633
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. USAA SAVINGS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address 10750 MCDERMOTT FWY		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78288
Purpose of Disbursement INTEREST EXPENSE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 10.09	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I611
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016	
Mailing Address 3522 THOMASVILLE RD			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32309	Amount of Each Disbursement this Period 162.50	
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I612	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C	
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I613	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CRIMSON CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 1593 SPRING HILL ROAD STE 400			FEC Identification Number C	
City VIENNA	State VA	Zip Code 22182	Amount of Each Disbursement this Period 53.85	
Purpose of Disbursement SERVICE CHARGE		Category/ Type	Transaction ID : SB17.I614	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	236.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. CRIMSON CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 1593 SPRING HILL ROAD STE 400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SERVICE CHARGE		Amount of Each Disbursement this Period 37.24
Candidate Name		Transaction ID : SB17.I615
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	37.24
<b>TOTAL</b> This Period (last page this line number only).....▶	392361.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 99	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. DUNN, NEAL, PATRICK, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2016
Mailing Address 2640A MITCHAM DRIVE		FEC Identification Number C H6FL02208
City TALLAHASSEE	State FL	Zip Code 32308
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 61618.80
Candidate Name DUNN, NEAL, PATRICK, ,		Transaction ID : SB19A.1606
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: FL	District: 02	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	61618.80
<b>TOTAL</b> This Period (last page this line number only).....▶	61618.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 99			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. Green, James, T., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016		
Mailing Address 5233 Finisterre Drive			FEC Identification Number C		
City Panama City Beach	State FL	Zip Code 32408	Amount of Each Disbursement this Period 1800.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : SD123.0235.36		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 99	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial) <b>A. BRIAN MAST FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016
Mailing Address PO BOX 3016		FEC Identification Number C C00579896
City STUART	State FL	Zip Code 34995
Purpose of Disbursement GENERAL ELECTION CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name MAST, BRIAN, , ,		Transaction ID : SB21.I605
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 18		

Full Name (Last, First, Middle Initial) <b>B. CARLOS CURBELO CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016
Mailing Address 8770 SUNSET DRIVE #355		FEC Identification Number C C00546846
City MIAMI	State FL	Zip Code 33173
Purpose of Disbursement GENERAL CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name CURBELO, CARLOS, , ,		Transaction ID : SB21.I604
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 26		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred M 09 / D 30 / Y 2015	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.36523.3**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 65000.00	Cumulative Payment To Date 11618.80	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred M 12 / D 31 / Y 2015	Date Due M / D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3256.35**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred M 06 / D 30 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD103.365.325**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred M 07 / D 28 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD.2365.325**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred 08 / 02 / 2016	Date Due / / NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD123.3256.5**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>DUNN, NEAL, PATRICK, ,</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 155000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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<b>TERMS</b>	Date Incurred M 08 / D 05 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD12365.3256**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred M 08 / D 18 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD1235.365**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred M 08 / D 23 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD1235.3526**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE			
City TALLAHASSEE	State FL	ZIP Code 32308	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred 08 / 26 / 2016	Date Due NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	250000.00

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



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 99
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bascom Communications</b>			Nature of Debt (Purpose): Communications Consulting
Mailing Address PO Box 2442			
City Tallahassee	State FL	Zip Code 32316	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.256.358	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Carroll and Company, CPA's</b>			Nature of Debt (Purpose): Accounting Services
Mailing Address 2640-A Mitcham Drive			
City Tallahassee	State FL	Zip Code 32308	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.102.354	
Amount Incurred This Period 1450.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1450.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Creative Direct LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 25 E. Main Street			
City Richmond	State VA	Zip Code 23219	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.269.265	
Amount Incurred This Period 16474.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16474.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	21424.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HCW &amp; Associates LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 5806 Grove Avenue Ste 206			
City Richmond	State VA	Zip Code 23226	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.265.325	
Amount Incurred This Period 7900.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7900.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>I360, LLC</b>			Nature of Debt (Purpose): Database Services
Mailing Address PO Box 37046			
City Baltimore	State MD	Zip Code 21297	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.238.2658	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Prosequence, LLC</b>			Nature of Debt (Purpose): Management Consulting
Mailing Address PO Box 10666			
City Tallahassee	State FL	Zip Code 32302	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.102.365	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	19900.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>USAA Savings Bank</b>			Nature of Debt (Purpose): Travel, Food and Beverage
Mailing Address 10750 McDermitt Fwy			
City San Antonio	State TX	Zip Code 78288	

Outstanding Balance Beginning This Period 9058.01		Transaction ID : SD102.356.365	
Amount Incurred This Period 0.00	Payment This Period 9058.01	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Voter Opinions, LLC</b>			Nature of Debt (Purpose): Polling
Mailing Address 708 N Forest Drive			
City Tallahassee	State FL	Zip Code 32303	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.265.3259	
Amount Incurred This Period 6500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6500.00	

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	6500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	47824.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	250000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	297824.00