

**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) A. BRIAN MAST FOR CONGRESS		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. CARLOS CURBELO CONGRESS		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) C.		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:	

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