

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Castor for Congress

ADDRESS (number and street) 301 W. Platt Street, #385

Check if different than previously reported. (ACC) Tampa FL 33606

2. **FEC IDENTIFICATION NUMBER** C00410761 **CITY** **STATE** FL **ZIP CODE** 33606 **STATE** FL **DISTRICT** 11

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 08 24 2010 in the State of FL

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

- General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 07 01 2010 through 08 04 2010

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

Type or Print Name of Treasurer Amy Martin

Signature of Treasurer Electronically Filed by Amy Martin Date 08 12 2010

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Castor for Congress

Report Covering the Period: From:    To:

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 28677.70                | 635474.92                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 28677.70                | 635474.92                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 32688.68                | 284111.11                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 836.67                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 32688.68                | 283274.44                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 413108.57               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Castor for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 8 |

|   |   |
|---|---|
| D | D |
| 0 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees   | 15400.00                      | 576317.39                          |
| (i) Itemized (use Schedule A).....  | 2270.00                       | 123434.54                          |
| (ii) Unitemized.....  | 17670.00                      | 378383.76                          |
| (iii) TOTAL of contributions from individuals..... ▶  | 0.00                          | 0.00                               |
| (b) Political Party Committees.....   | 11007.70                      | 257091.16                          |
| (c) Other Political Committees (such as PACS).....  | 0.00                          | 0.00                               |
| (d) The Candidate.....  | 28677.70                      | 635474.92                          |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                | 0.00                          | 0.00                               |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....   |                               |                                    |
| 13. LOANS   |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....  | 0.00                          | 0.00                               |
| (b) All Other Loans.....  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....  | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....                                 |                               |                                    |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....   |                               |                                    |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 28677.70                      | 636999.69                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 30

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 32688.68                              | 284111.11                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 10000.00                              | 112500.00                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | <b>42688.68</b>                       | <b>396611.11</b>                           |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 427119.55 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 28677.70  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 455797.25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 42688.68  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 413108.57 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 30                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Castor for Congress

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Naomi Bergman        |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2010 |
|   | Mailing Address 6830 Holliston Circle                           |                                    | <b>Transaction ID:</b> C3276303                     |
|   | City<br>Fayetteville  | State<br>NY                        | Zip Code<br>13066                                   |
|   | FEC ID number of contributing federal political committee.<br>C |                                    | Amount of Each Receipt this Period<br>250.00        |
|   | Name of Employer<br>Bright House Networks                       | Occupation<br>President            |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>250.00 |   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Herman Brame         |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 02 / 2010 |
|   | Mailing Address 5575 62nd Ave N                                 |                                    | <b>Transaction ID:</b> C3279264                     |
|   | City<br>Pinellas Park   | State<br>FL                        | Zip Code<br>33781                                   |
|   | FEC ID number of contributing federal political committee.<br>C |                                    | Amount of Each Receipt this Period<br>500.00        |
|   | Name of Employer<br>Matco Tools                                 | Occupation<br>Manager              |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>500.00 |   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Rebecca Cardillo     |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |
|   | Mailing Address 829 S Delaware Ave                              |                                    | <b>Transaction ID:</b> C3273190                     |
|   | City<br>Tampa   | State<br>FL                        | Zip Code<br>33606                                   |
|   | FEC ID number of contributing federal political committee.<br>C |                                    | Amount of Each Receipt this Period<br>500.00        |
|   | Name of Employer<br>Southern Pension Services                   | Occupation<br>President            |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>500.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1250.00 |
| <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 6 / 30  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Donald R Damico</p> <p>Mailing Address 509 Lakeview Dr</p> <p>City State Zip Code<br/>Oldsmar FL 34677</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>Florida Underground Specialists Inc</p> <p>Occupation<br/>President</p> <p>Receipt For: 2010<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">08 / 02 / 2010</span></p> <p><b>Transaction ID:</b> C3279246</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> |
|--|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Frank Ferrara</p> <p>Mailing Address 10103 Kingshyre Way</p> <p>City State Zip Code<br/>Tampa FL 33647</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>A-1 Auto Parts</p> <p>Occupation<br/>Manager</p> <p>Receipt For: 2010<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">08 / 02 / 2010</span></p> <p><b>Transaction ID:</b> C3279263</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> |
|---|---|

|   |  |
|---|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Brian Fuhrmeister</p> <p>Mailing Address 2033 Main St. Suite #300</p> <p>City State Zip Code<br/>Sarasota FL 34237</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>Parkwood Properties Inc</p> <p>Occupation<br/>Real Estate Executive</p> <p>Receipt For: 2010<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">07 / 15 / 2010</span></p> <p><b>Transaction ID:</b> C3278831</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> |
|---|--|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">2000.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |

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

|   |   |
|---|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 30</span> |
|   | (check only one)  |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b                                    |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a                                    |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 11d                                    |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14                                     |
| <input type="checkbox"/>  | <input type="checkbox"/> 15                                     |

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Lars Houmann         | Date of Receipt<br>MM / DD / YYYY<br>07 / 26 / 2010 |
|   | Mailing Address 2617 Orchard Drive                              | <b>Transaction ID:</b> C3276312                     |
|   | City State Zip Code<br>Apopka FL 32712                          | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Florida Hospital President       |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00                             |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Elizabeth Kennedy    | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |
|   | Mailing Address 5718 Gordon Avenue                              | <b>Transaction ID:</b> C3273167                     |
|   | City State Zip Code<br>Tampa FL 33611                           | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>N/A homemaker                    |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>425.00                              |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Fred I Lay  | Date of Receipt<br>MM / DD / YYYY<br>08 / 02 / 2010 |
|   | Mailing Address 2818 Bryan Rd.   | <b>Transaction ID:</b> C3279260                     |
|   | City State Zip Code<br>Brandon FL 33511  | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                                |   |
|   | Name of Employer Occupation<br>Construction Services Inc of Tampa President/General Contractor |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1600.00 |
| <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 8 / 30  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sheri Levens  
 Mailing Address 3308 S San Miguel St  
 City Tampa State FL Zip Code 33629  
 Date of Receipt 07 / 01 / 2010  
**Transaction ID:** C3192504  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Licensed Mental Health Counselor  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 250.00

**B.** Full Name (Last, First, Middle Initial)  
Catherine F. Linton  
 Mailing Address 3000 Abell Road  
 City Lake Placid State FL Zip Code 33852  
 Date of Receipt 07 / 22 / 2010  
**Transaction ID:** C3276317  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Teacher  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 300.00

**C.** Full Name (Last, First, Middle Initial)  
Charles S Mahan  
 Mailing Address 1001 N Riverhills Dr  
 City Temple Terrace State FL Zip Code 33617  
 Date of Receipt 07 / 15 / 2010  
**Transaction ID:** C3208696  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**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 9 / 30                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Kathy Mangra         |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 02 / 2010 |  |  |
|   | Mailing Address 210 West Orient St                              |                                    | <b>Transaction ID:</b> C3279267                     |  |  |
|   | City<br>Tampa   | State<br>FL                        | Zip Code<br>33607                                   | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>KSD LLC                                     | Occupation<br>President            |   |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>500.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Gregory C Minton     |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 02 / 2010 |  |  |
|   | Mailing Address 8310 Meadowbrooke Dr<br>Unit 14                 |                                    | <b>Transaction ID:</b> C3279244                     |  |  |
|   | City<br>Largo   | State<br>FL                        | Zip Code<br>33778                                   | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>AC Services                                 | Occupation<br>President            |   |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>500.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Robert Miron         |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2010 |   |  |
|   | Mailing Address 4645 Ringnecked Path                            |                                     | <b>Transaction ID:</b> C3276301                     |   |  |
|   | City<br>Manlius   | State<br>NY                         | Zip Code<br>13104-9606                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Advance Newhouse Communications             | Occupation<br>Chairman & CEO        |   |   |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>1000.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <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 10 / 30

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Steven Miron

Mailing Address 4528 Spruce Ridge Dr.

City State Zip Code  
Manlius NY 13104

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bright House Networks CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
07 / 06 / 2010

**Transaction ID:** C3276302

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Lee Moffitt

Mailing Address 3225 S. MacDill Avenue  
Suites 129-336

City State Zip Code  
Tampa FL 33629

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
07 / 12 / 2010

**Transaction ID:** C3202955

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
David Moorhead

Mailing Address 502 Genius Drive

City State Zip Code  
Winter Park FL 32789

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Florida Hospital Executive Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
07 / 26 / 2010

**Transaction ID:** C3276310

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

**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 / 30  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pat O'Connell

Mailing Address 3017 Corrib Drive

City State Zip Code  
Tallahassee FL 32309

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

Name of Employer Occupation  
ING Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: C3276308

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5911 Tarton Cir S

City State Zip Code  
Dublin OH 43017-8705

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

Name of Employer Occupation  
Ohio Valley Cable Service Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: C3279245

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Nick A Pusta

Mailing Address 3610 Belle Vista Dr E

City State Zip Code  
St. Pete Beach FL 33706

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

Name of Employer Occupation  
Diversified Power Solutions President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: C3279253

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 12 / 30  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bernice S Rach

Mailing Address 1728 Stay Sail Dr

City Valrico State FL Zip Code 33594

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

Name of Employer Construction Services Occupation Office Assistant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2010  
**Transaction ID: C3279261**  
 Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Colleen S. Rand

Mailing Address 2220 NW 3rd Place

City Gainesville State FL Zip Code 32603

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

Name of Employer Self-Employed Occupation Artist/Psychologist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 07 / 12 / 2010  
**Transaction ID: C3276300**  
 Amount of Each Receipt this Period 100.00

**C.**

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

Mailing Address 3419 Lacewood Road

City Tampa State FL Zip Code 33618

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2010  
**Transaction ID: C3269560**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 13 / 30                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Joan Dial Ruffier        |                          | Date of Receipt  |
|   | Mailing Address 722 Alba Drive                                      |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>07 / 25 / 2010 |
|   | City  | State                    | Zip Code   |
|   | Orlando   | FL                       | 32804-7207   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> C3279239  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    | Amount of Each Receipt this Period   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ | <input type="text"/> 500.00  |

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Cathleen Sallitto        |                          | Date of Receipt  |
|   | Mailing Address 6850 Possum Trail                                   |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>07 / 11 / 2010 |
|   | City  | State                    | Zip Code   |
|   | Sarasota  | FL                       | 34241  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> C3269570  |
| Name of Employer<br>American Medical Technologies   |   | Occupation<br>RN         | Amount of Each Receipt this Period   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ | <input type="text"/> 250.00  |

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Nancy Rogers Sever       |                          | Date of Receipt  |
|   | Mailing Address 1014 N W 34 Street                                  |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>07 / 01 / 2010 |
|   | City  | State                    | Zip Code   |
|   | Gainesville   | FL                       | 32605  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> C3192509  |
| Name of Employer<br>none  |   | Occupation<br>retired    | Amount of Each Receipt this Period   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ | <input type="text"/> 500.00  |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

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

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

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gerald Shook

Mailing Address 13717 Blackwood Way

City Auburn State CA Zip Code 95602

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

Name of Employer BACB Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 07 / 26 / 2010  
**Transaction ID: C3273160**  
 Amount of Each Receipt this Period 100.00

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

Mailing Address 4397 New Broad St

City Orlando State FL Zip Code 32814

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

Name of Employer Florida Hospital Occupation Executive Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010  
**Transaction ID: C3276307**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Soros

Mailing Address 2809 Norwood Hills Ln

City Valrico State FL Zip Code 33596-7915

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

Name of Employer CTIS Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2010  
**Transaction ID: C3279266**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 15 / 30  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles Stryker

Mailing Address 6618 Virginia Crossing

City State Zip Code  
University Park FL 34201-2317

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

Name of Employer Occupation  
University of South Florida Professor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** C3276299

Amount of Each Receipt this Period  
250.00

250.00

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

Mailing Address 4113 West de Leon Street

City State Zip Code  
Tampa FL 33609

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

Name of Employer Occupation  
Information Requested Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2010

**Transaction ID:** C3269569

Amount of Each Receipt this Period  
500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
Michael L Wallace

Mailing Address 760 Sand Pine Dr NE

City State Zip Code  
St. Petersburg FL 33703

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

Name of Employer Occupation  
Nobel Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2010

**Transaction ID:** C3279258

Amount of Each Receipt this Period  
500.00

500.00

**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 16 / 30  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Castor for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Ellen E. Ware

Mailing Address 114 Adriatic Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer Ware Law Group, P.A. Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 07 / 27 / 2010  
Transaction ID: C3273176  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Laura Wright

Mailing Address 7202 32nd Avenue S

City Tampa State FL Zip Code 33619

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

Name of Employer Construction Services Occupation Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 02 / 2010  
Transaction ID: C3279262  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrea Ellen Zelman

Mailing Address 3033 W. Asbury Place

City Tampa State FL Zip Code 33611

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

Name of Employer Fowler White Boggs P.A. Occupation attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 07 / 26 / 2010  
Transaction ID: C3273109  
Amount of Each Receipt this Period: 250.00

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

**TOTAL** This Period (last page this line number only) ..... ► 15400.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 30  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Castor for Congress

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

Mailing Address 505 9th St NW  
Suite 910

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

**Transaction ID:** C3279411

Amount of Each Receipt this Period  
4000.00

**B.** Full Name (Last, First, Middle Initial)  
American Federation of State County & Municipal Em

Mailing Address 1625 L Street North West

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 21 / 2010

**Transaction ID:** C3282157

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Bright House Networks LLC PAC

Mailing Address 1155 21st Street NW  
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00402875

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2010

**Transaction ID:** C3279276

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 18 / 30  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

A.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, S.E.

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13.22

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2010

Transaction ID: C3273504

Amount of Each Receipt this Period  
7.70

\* In-Kind: Long-distance, -blast fax, phone bank, copy-ing

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 7.70     |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 11007.70 |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 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)  
Castor for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Fort Lauderdale State FL Zip Code 33329</p> <p>Purpose of Disbursement<br/>Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> D216475<br/><b>Date of Disbursement:</b><br/>07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period<br/>74.49</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Fort Lauderdale State FL Zip Code 33329</p> <p>Purpose of Disbursement<br/>Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> D216897<br/><b>Date of Disbursement:</b><br/>08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>28.76</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Aquaknox</p> <p>Mailing Address 7627 W Courtney Campbell Causeway</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement<br/>Fundraising event food &amp; beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D216898<br/><b>Date of Disbursement:</b><br/>08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period<br/>213.13</p> |

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

**316.38**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>AT&T Mobility<br><hr/> Mailing Address 5565 Glenridge Connector<br><hr/> City Atlanta State GA Zip Code 30342<br><hr/> Purpose of Disbursement Telephone<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | Transaction ID: D216894<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 4 / 2 0 1 0<br><hr/> Amount of Each Disbursement this Period<br>141.63  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Brey & Company, CPA's, PA<br><hr/> Mailing Address 35 Davis Boulevard<br><hr/> City Tampa State FL Zip Code 33606<br><hr/> Purpose of Disbursement Accounting services & postage<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D216264<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 5 / 2 0 1 0<br><hr/> Amount of Each Disbursement this Period<br>6877.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bright House Networks<br><hr/> Mailing Address 700 Carillon Pkwy<br><hr/> City Saint Petersburg State FL Zip Code 33716<br><hr/> Purpose of Disbursement Telephone & Internet<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: D216261<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 5 / 2 0 1 0<br><hr/> Amount of Each Disbursement this Period<br>338.98  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7357.61     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Congressional Quarterly Inc<br>Mailing Address 1255 22nd Street NW<br>City Washington State DC Zip Code 20037<br>Purpose of Disbursement<br>Subscription<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: D216253<br>Date of Disbursement<br>07 / 08 / 2010<br>Amount of Each Disbursement this Period<br>1309.68<br>Category/Type                    |
| B. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee<br>Mailing Address 430 S Capitol Street, S.E.<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement<br>Long-distance,blast fax,phone bank,copying<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D216127<br>Date of Disbursement<br>07 / 07 / 2010<br>Amount of Each Disbursement this Period<br>7.70<br>* In-Kind Received<br>Category/Type |
| C. | Full Name (Last, First, Middle Initial)<br>Florida Sentinel Bulletin<br>Mailing Address PO Box 3363<br>City Tampa State FL Zip Code 33601<br>Purpose of Disbursement<br>Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: D216243<br>Date of Disbursement<br>07 / 01 / 2010<br>Amount of Each Disbursement this Period<br>210.00<br>Category/Type                     |

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

1527.38

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Franklin Davis Printing</p> <p>Mailing Address 520 North Willow Avenue</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement<br/>Printing &amp; Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D216273</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3199.94</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kevin Karpay</p> <p>Mailing Address 715 S Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement<br/>Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                   | <p><b>Transaction ID:</b> D216270</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1544.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Kevin Karpay</p> <p>Mailing Address 715 S Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement<br/>Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                   | <p><b>Transaction ID:</b> D216250</p> <p>Date of Disbursement<br/>07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1544.00</p> |

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

6287.94

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>La Gaceta<br><hr/> Mailing Address P.O. Box 5536<br><hr/> City Tampa State FL Zip Code 33675<br><hr/> Purpose of Disbursement<br>Advertisement<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: D216276<br>Date of Disbursement<br>07 / 28 / 2010<br><hr/> Amount of Each Disbursement this Period<br>210.00  |
| B. | Full Name (Last, First, Middle Initial)<br>NGP Software, Incorporated<br><hr/> Mailing Address 5505 Connecticut Avenue Northwest<br><hr/> City Washington State DC Zip Code 20015<br><hr/> Purpose of Disbursement<br>Email<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                      | Transaction ID: D216279<br>Date of Disbursement<br>07 / 30 / 2010<br><hr/> Amount of Each Disbursement this Period<br>35.00   |
| C. | Full Name (Last, First, Middle Initial)<br>NGP Software, Incorporated<br><hr/> Mailing Address 5505 Connecticut Avenue Northwest<br><hr/> City Washington State DC Zip Code 20015<br><hr/> Purpose of Disbursement<br>Database, website, support<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D216245<br>Date of Disbursement<br>07 / 08 / 2010<br><hr/> Amount of Each Disbursement this Period<br>2700.00 |

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

2945.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Office Depot<br><br>Mailing Address 211 North Dale Mabry Highway<br><br>City Tampa State FL Zip Code 33609<br><br>Purpose of Disbursement<br>Office Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D216246<br>Date of Disbursement<br>07 / 06 / 2010<br><br>Amount of Each Disbursement this Period<br>43.85 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Office Depot<br><br>Mailing Address 211 North Dale Mabry Highway<br><br>City Tampa State FL Zip Code 33609<br><br>Purpose of Disbursement<br>Office Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D216266<br>Date of Disbursement<br>07 / 19 / 2010<br><br>Amount of Each Disbursement this Period<br>76.97 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Office Depot<br><br>Mailing Address 211 North Dale Mabry Highway<br><br>City Tampa State FL Zip Code 33609<br><br>Purpose of Disbursement<br>Office Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D216268<br>Date of Disbursement<br>07 / 16 / 2010<br><br>Amount of Each Disbursement this Period<br>93.24 |

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

**214.06**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Pump Gear Inc</p> <p>Mailing Address 12157 W Linebaugh Ave</p> <p>City Tampa State FL Zip Code 33626</p> <p>Purpose of Disbursement Campaign T-Shirts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> D216280</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="560.00"/></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SunTrust</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> D216895</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.49"/></p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SunTrust</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> D216244</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.27"/></p>  |

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>T-Mobile<br>Mailing Address P.O. Box 660252<br>City Dallas State TX Zip Code 75266<br>Purpose of Disbursement Telephone<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                            | Transaction ID: D216260<br>Date of Disbursement<br>07 / 15 / 2010<br>Amount of Each Disbursement this Period<br>115.87  |
| B. | Full Name (Last, First, Middle Initial)<br>The UPS Store #3751<br>Mailing Address 301 West Platt Street<br>City Tampa State FL Zip Code 33606<br>Purpose of Disbursement Box Renewal - 1 year<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D216263<br>Date of Disbursement<br>07 / 15 / 2010<br>Amount of Each Disbursement this Period<br>642.00  |
| C. | Full Name (Last, First, Middle Initial)<br>United States Postal Service<br>Mailing Address 5201 West Spruce Street<br>City Tampa State FL Zip Code 33630<br>Purpose of Disbursement Postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:   | Transaction ID: D216265<br>Date of Disbursement<br>07 / 20 / 2010<br>Amount of Each Disbursement this Period<br>6711.82 |

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

**7469.69**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>United States Postal Service  | Transaction ID: D216267<br>Date of Disbursement  |
|    | Mailing Address 5201 West Spruce Street  | <input type="text" value="07"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Tampa State FL Zip Code 33630   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Postage  | <input type="text" value="88.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>United States Postal Service  | Transaction ID: D216896<br>Date of Disbursement  |
|    | Mailing Address 5201 West Spruce Street  | <input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Tampa State FL Zip Code 33630   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Postage  | <input type="text" value="176.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>US Treasury   | Transaction ID: D216247<br>Date of Disbursement  |
|    | Mailing Address 1500 Pennsylvania Avenue, NW   | <input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Washington State DC Zip Code 20220  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Payroll Taxes  | <input type="text" value="609.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="873.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

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)

Grid for line numbers: 17, 18, 19a, 19b, 20a, 20b, 20c, 21. Line 17 is checked.

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NAME OF COMMITTEE (In Full)
Castor for Congress

Table with 3 rows (A, B, C) containing disbursement details for Weetompain, Inc., Kevin Karpay, and Office Depot. Includes fields for full name, mailing address, city/state/zip, purpose, candidate name, office sought, and disbursement for.

SUBTOTAL of Disbursements This Page (optional) ..... 4789.28

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. William R Lewis

Mailing Address 3012 Harbor view Ave

City Tampa State FL Zip Code 33611

Purpose of Disbursement  
Expense Reimbursement - Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D216277

Date of Disbursement

|                |                |   |                |                |   |                |                |                |                |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| <sup>M</sup> 0 | <sup>M</sup> 7 | / | <sup>D</sup> 2 | <sup>D</sup> 8 | / | <sup>Y</sup> 2 | <sup>Y</sup> 0 | <sup>Y</sup> 1 | <sup>Y</sup> 0 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

Amount of Each Disbursement this Period

23.25

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

23.25

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

32550.35

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

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

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NAME OF COMMITTEE (In Full)  
Castor for Congress

A.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Transaction ID: D216272

Date of Disbursement

Mailing Address 430 S Capitol Street, S.E.

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 7 |   | 2 | 0 | 1 | 0 |

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

|          |
|----------|
| 10000.00 |
|----------|

Purpose of Disbursement  
Contribution

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

|          |
|----------|
| 10000.00 |
|----------|

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

|          |
|----------|
| 10000.00 |
|----------|