

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Rubio Victory Committee

ADDRESS (number and street) 228 S Washington Street Suite 115

Check if different than previously reported. (ACC)

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER ▼** C00494617 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

## 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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 through M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

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 Lisa R. Lisker

Signature of Treasurer Lisa R. Lisker *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rubio Victory Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input data-bbox="418 554 574 609" type="text" value="YYYY"/> 2014	<input data-bbox="1101 554 1528 609" type="text" value="269113.04"/>	<input data-bbox="1101 554 1528 609" type="text" value="269113.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="625 646 1052 701" type="text" value="191232.54"/>	
(c) Total Receipts (from Line 19) .....	<input data-bbox="625 743 1052 798" type="text" value="220468.89"/>	<input data-bbox="1101 743 1528 798" type="text" value="3724953.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="625 869 1052 924" type="text" value="411701.43"/>	<input data-bbox="1101 869 1528 924" type="text" value="3994066.65"/>
7. Total Disbursements (from Line 31).....	<input data-bbox="625 966 1052 1020" type="text" value="377968.67"/>	<input data-bbox="1101 966 1528 1020" type="text" value="3960333.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="625 1083 1052 1138" type="text" value="33732.76"/>	<input data-bbox="1101 1083 1528 1138" type="text" value="33732.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="625 1222 1052 1276" type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="625 1348 1052 1402" type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**Rubio Victory Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	110731.00	2724329.00
(ii) Unitemized .....	99800.58	874887.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	210531.58	3599216.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	125300.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	220031.58	3724516.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	437.31	437.31
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	220468.89	3724953.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	220468.89	3724953.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	289847.30	2601866.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	289847.30	2601866.41
22. Transfers to Affiliated/Other Party Committees.....	82321.37	1350167.48
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	800.00	3300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5800.00	8300.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	377968.67	3960333.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	377968.67	3960333.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	220031.58	3724516.30
34. Total Contribution Refunds (from Line 28(d)) .....	5800.00	8300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	214231.58	3716216.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	289847.30	2601866.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	437.31	437.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	289409.99	2601429.10

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

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

FOR LINE NUMBER: PAGE 6 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MS LORE L. ADAM**

Mailing Address 5018 HARVARD TERRACE

City State Zip Code  
SKOKIE IL 60077-2825

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11.720037**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT E. AHLF**

Mailing Address PO BOX 1301

City State Zip Code  
HOMWOOD IL 60430-0301

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

Name of Employer Occupation  
SELF-EMPLOYED ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : SA11.721720**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOEL ALTMAN**

Mailing Address 248 W. KEY PALM RD

City State Zip Code  
BOCA RATON FL 33432-7924

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

Name of Employer Occupation  
ALTMAN COMPANIES REAL ESTATE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : SA11.720211**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. DR. MANUEL A. ALZUGARAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5133 DONATELLO STREET

City CORAL GABLES State FL Zip Code 33146-2020

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

Name of Employer SELF-EMPLOYED Occupation DOCTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : SA11.721546**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 16425 COLLINS AVENUE #2011

City SUNNY ISLES BEACH State FL Zip Code 33160-4542

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11.719505**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MS. SUSAN C. ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1083 ISLAND WAY

City LEESBURG State FL Zip Code 34748-6769

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718679**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 8 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

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

Mailing Address 7836 SE 171ST VICTORIA LANE

City State Zip Code  
THE VILLAGES FL 32162-8325

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 24 / 2014  
**Transaction ID : SA11.719136**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 392 PROMONTORY DR. W.

City State Zip Code  
NEWPORT BEACH CA 92660-7334

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2014  
**Transaction ID : SA11.720753**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. IMELDA D. BAMBERY**

Mailing Address 20941 SAILMAKER CIR

City State Zip Code  
HUNTINGTON BEACH CA 92648-5272

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719772**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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



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

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

FOR LINE NUMBER: PAGE 9 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. IMELDA D. BAMBERY**  
 Mailing Address 20941 SAILMAKER CIR  
 City State Zip Code  
 HUNTINGTON BEACH CA 92648-5272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : SA11.720116**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. IMELDA D. BAMBERY**  
 Mailing Address 20941 SAILMAKER CIR  
 City State Zip Code  
 HUNTINGTON BEACH CA 92648-5272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11.720744**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD S. BARBERIE**  
 Mailing Address P.O. BOX 7725  
 City State Zip Code  
 BURBANK CA 91510-7725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OLYMPIC INSURANCE INSURANCE AGENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718252**  
 Amount of Each Receipt this Period  
 175.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. PATRICK BARKER**

Mailing Address 1134 PINETREE DR.

City State Zip Code  
INDIAN HARBOUR BEACH FL 32937-4115

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

Name of Employer Occupation  
REFRIDGERATED EXPRESS, LLC OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 03 / 2014  
**Transaction ID : SA11.721266**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 108 RAY PLACE LANE

City State Zip Code  
JACKSON SPRINGS NC 27281-9015

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718223**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HOWARD L. BENIOFF**

Mailing Address 815 N. 2ND AVENUE

City State Zip Code  
ARCADIA CA 91006-2537

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2014  
**Transaction ID : SA11.717222**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **805.00**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. HOWARD L. BENIOFF**

Mailing Address 815 N. 2ND AVENUE

City State Zip Code  
ARCADIA CA 91006-2537

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : SA11.720455**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THILO D. BEST**

Mailing Address 1903 S. WYKAGYL STREET  
SUITE 600

City State Zip Code  
TAMPA FL 33629-7040

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

Name of Employer Occupation  
HORIZON BAY C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718607**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT BODINE**

Mailing Address 4351 GULF SHORE BLVD N. #9S

City State Zip Code  
NAPLES FL 34103-2239

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11.719129**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 655.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. DENNIS BOWES**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 STANTON AVE

City BORDENTOWN State NJ Zip Code 08505-1924

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014  
**Transaction ID : SA11.719955**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 2539 S WILLOW CREEK DR

City PERU State IN Zip Code 46970-7202

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014  
**Transaction ID : SA11.721109**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C. MR. GILBERT BOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 VANGUARD STREET

City LAKEWAY State TX Zip Code 78734-5128

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014  
**Transaction ID : SA11.721217**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. MARK BRYNIARSKI**

Mailing Address 16260 MORNINGSIDE DR.

City EDMOND	State OK	Zip Code 73013-3036
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

**Transaction ID : SA11.720462**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 11556 TURTLE BEACH ROAD

City NORTH PALM BEACH	State FL	Zip Code 33408-3345
--------------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2014

**Transaction ID : SA11.718126**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARINA CARNEY**

Mailing Address 162 W. WESTMINSTER

City LAKE FOREST	State IL	Zip Code 60045-2125
---------------------	-------------	------------------------

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

Name of Employer SUPERIOR GRAPHITE	Occupation EXECUTIVE
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : SA11.719530**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. A. J. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26919 MILES RIVER ROAD  
 City EASTON State MD Zip Code 21601-5017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719563**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. A. JAMES CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 OLD GEORGETOWN RD  
 City BETHESDA State MD Zip Code 20814-6133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CLARK ENTERPRISES, INC PRESIDENT & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719559**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MRS. WILLIAM M. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 MAPLEWOOD AVENUE  
 City DALLAS State TX Zip Code 75205-2827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11.719532**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. NANCY COHEE**

Mailing Address 7741 SEABREEZE DR.

City State Zip Code  
HUNTINGTON BEACH CA 92648-5448

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014  
**Transaction ID : SA11.718646**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HERBERT CONDIE III**

Mailing Address 545 COCONUT PALM RD

City State Zip Code  
VERO BEACH FL 32963-3712

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2014  
**Transaction ID : SA11.721426**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BOBBY J. COX**

Mailing Address 4607 TATTENHAM COR

City State Zip Code  
MIDLAND TX 79707-1553

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

Name of Employer Occupation  
SELF-EMPLOYED OIL FIELD CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2014  
**Transaction ID : SA11.718996**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. RALPH CRUMP**

Mailing Address **28 TWISTED OAK CIR**

City **TRUMBULL** State **CT** Zip Code **06611-1808**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**10 / 20 / 2014**  
**Transaction ID : SA11.718072**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LUCI A. CUTRELL**

Mailing Address **248 PLUM STREET 11A**

City **LIGONIER** State **PA** Zip Code **15658-6116**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 21 / 2014**  
**Transaction ID : SA11.718725**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. CARL DANN III**

Mailing Address **3206 GREENS AVE**

City **ORLANDO** State **FL** Zip Code **32804-3717**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**10 / 20 / 2014**  
**Transaction ID : SA11.717615**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **800.00**

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



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

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

FOR LINE NUMBER: PAGE 17 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. DOUGLAS E. DICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 W. ELIZABETH STREET  
 City YORKVILLE State IL Zip Code 60560-1746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 16 / 2014  
**Transaction ID : SA11.717104**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MRS. SUSAN E. DORSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2517 HOLLY POINT RD E.  
 City ORANGE PARK State FL Zip Code 32073-5632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : SA11.719438**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. VERITA DRISKELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17545 FRONT BEACH RD  
 City PANAMA CITY BEACH State FL Zip Code 32413-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( )  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 31 / 2014  
**Transaction ID : SA11.720821**  
 Amount of Each Receipt this Period 125.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1375.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MS. NANCY ENGELSTAD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3195 N. CIRCLE LANE APT. 207C

City SPRINGFIELD	State MO	Zip Code 65803-6156
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
10 / 22 / 2014  
**Transaction ID : SA11.720782A**

Amount of Each Receipt this Period  
2.00

CONTRIBUTION

CHARGED BACK \$2.00 ON 10/24/2014

**B. MS. NANCY ENGELSTAD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3195 N. CIRCLE LANE APT. 207C

City SPRINGFIELD	State MO	Zip Code 65803-6156
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt  
10 / 24 / 2014  
**Transaction ID : SA11.720782B**

Amount of Each Receipt this Period  
-2.00

CONTRIBUTION

CHARGED BACK

**C. MS. MAYTE FERNANDEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 810 S. SHORE DR.

City MIAMI BEACH	State FL	Zip Code 33141-2410
FEC ID number of contributing federal political committee. C		
Name of Employer MOMENTONE CONSULTING	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
10 / 27 / 2014  
**Transaction ID : SA11.719794**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR RAYMOND N. FINK**

Mailing Address **PO BOX 134**

City **WILLIAMSTON** State **MI** Zip Code **48895-0134**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**10 / 30 / 2014**  
**Transaction ID : SA11.720047**

Amount of Each Receipt this Period  
**55.00**

CONTRIBUTION

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

Mailing Address **1200 S. FLAGLER DR.  
APT 1401**

City **WEST PALM BEACH** State **FL** Zip Code **33401-6711**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 31 / 2014**  
**Transaction ID : SA11.720947**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WYNNE FRIEDRICHS**

Mailing Address **511 DORRINGTON BLVD.**

City **METAIRIE** State **LA** Zip Code **70005-3819**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**11 / 04 / 2014**  
**Transaction ID : SA11.721420**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **605.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial) <b>A. DR. ELOISA S. GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : SA11.719133</b>
Mailing Address 214 KEYSTONE AVE		Amount of Each Receipt this Period 1005.00
City RIVER FOREST	State IL	Zip Code 60305-2022
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1005.00	

Full Name (Last, First, Middle Initial) <b>B. MR. RONALD J. GIDWITZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2014 <b>Transaction ID : SA11.721763</b>
Mailing Address 200 S. WACKER DRIVE #4000		Amount of Each Receipt this Period 2600.00
City CHICAGO	State IL	Zip Code 60606-5821
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer G.C.C. PARTNERS	Occupation PRINCIPAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL W. GROGAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2014 <b>Transaction ID : SA11.717548</b>
Mailing Address P.O. BOX 342		Amount of Each Receipt this Period 50.00
City CAPE CANAVERAL	State FL	Zip Code 32920-0342
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3655.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. MICHAEL W. GROGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 342  
 City CAPE CANAVERAL State FL Zip Code 32920-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719711**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. MICHAEL W. GROGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 342  
 City CAPE CANAVERAL State FL Zip Code 32920-0342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11.721071**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

**C. MR. CARLOS M. GUTIERREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3150 SOUTH ST NW APT. 3C  
 City WASHINGTON State DC Zip Code 20007-4455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALBRIGHT STONERIDGE VICE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11.717118**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1095.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. JOAN B. HADLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 BAYADERE TERRACE  
 City CORONA DEL MAR State CA Zip Code 92625-1808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718631**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. PHILIP M. HARTUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 LAKE ROAD  
 City LAKE FOREST State IL Zip Code 60045-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2014  
**Transaction ID : SA11.719016**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. JAMES W. HEAVENER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 UNIVERSITY BLVD. STE. 218  
 City WINTER PARK State FL Zip Code 32792-7435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FULL SAIL UNIVERSITY Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719560**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. JO HICKMAN**

Mailing Address 5800 MERRYMOUNT RD

City State Zip Code  
FORT WORTH TX 76107-3530

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 21 / 2014  
**Transaction ID : SA11.721822**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TATNALL L. HILLMAN**

Mailing Address 504 W. BLEEKER ST

City State Zip Code  
ASPEN CO 81611-1228

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
10 / 24 / 2014  
**Transaction ID : SA11.719116**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

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

Mailing Address 4249 COUNTRY CLUB DR.

City State Zip Code  
BAKERSFIELD CA 93306-3701

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

Name of Employer Occupation  
TRIO PETROLEUM LLC PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 27 / 2014  
**Transaction ID : SA11.719664**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. WILLIAM W. HUGHES JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 LINDA ISLE

City NEWPORT BEACH State CA Zip Code 92660-7207

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

Name of Employer HUGHES INVESTMENTS Occupation SHOPPING CENTERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 27 / 2014  
**Transaction ID : SA11.719698**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MR. CHRISTOPHER L. JACOBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 SAYBROOK PLACE

City BUFFALO State NY Zip Code 14209-1107

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 27 / 2014  
**Transaction ID : SA11.719561**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. MS. PATRICIA L. JACOBSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7940 AMALFI WAY

City FAIR OAKS State CA Zip Code 95628-5903

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2014  
**Transaction ID : SA11.720030**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1555.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. LEE ROLAND JENKINS**  
 Mailing Address 2155 WHISPERING PINES LN  
 City State Zip Code  
 MCDONOUGH GA 30253-5567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : SA11.720118**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. MARGARET JENKS**  
 Mailing Address PO BOX 440310  
 City State Zip Code  
 SAINT LOUIS MO 63144-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719801**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RODGER B. KING**  
 Mailing Address P.O. BOX 1008  
 City State Zip Code  
 TAMPA FL 33601-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYER REAL ESTATE INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : SA11.721316**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. LEONARD M. KIRK**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 HUNTER DR

City BEL AIR State MD Zip Code 21014-3934

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11.717156**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 555 NE 185TH STREET SUITE 201

City MIAMI State FL Zip Code 33179-4505

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

Name of Employer DFIASS GROUP OF COMPANIES Occupation DUTY FREE AIR AND SHIP SUPPLY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11.719557**

Amount of Each Receipt this Period  
 6700.00

CONTRIBUTION

**C. MR. GENE KOCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3872 QUAIL RIDGE DRIVE N.

City BOYNTON BEACH State FL Zip Code 33436-5344

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11.719296**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. PAUL LANGOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 WINDSOR CT

City SOUTH BARRINGTON State IL Zip Code 60010-9594

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

Name of Employer SEGERDAHL GROUP Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718221**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 3100 US HIGHWAY 1 S SUITE 1

City SAINT AUGUSTINE State FL Zip Code 32086-6310

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.717825**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**C. MR. LAMBERT A. LELEVIER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 291643

City PHELAN State CA Zip Code 92329-1643

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.720781**

Amount of Each Receipt this Period  
 -25.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. ONA F. LESTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1101 HUMPHRIES ROAD NW

City CONYERS State GA Zip Code 30012-2015

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2014  
Transaction ID : SA11.720050

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**B. MRS. SHIRLEY J. LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 12634 GIANELLA ROAD

City CHICO State CA Zip Code 95973-9742

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

Name of Employer JAMES R. LEWIS ORCHARDS INC. Occupation ORCHARDERTA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt 10 / 31 / 2014  
Transaction ID : SA11.720916

Amount of Each Receipt this Period 110.00

CONTRIBUTION

**C. MR. ROBERT W. LIGON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5100 SAN FELIPE ST UNIT 171E

City HOUSTON State TX Zip Code 77056-3686

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2014  
Transaction ID : SA11.719922

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 460.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. DONALD LOVELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 22ND AVE S

City BIRMINGHAM State AL Zip Code 35205-6946

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

Name of Employer JEFFERSON COUNTY COMMISSION Occupation ENVIRONMENTALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 31 / 2014  
Transaction ID : SA11.720833

Amount of Each Receipt this Period 55.00

CONTRIBUTION

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

Mailing Address 1505 W. 5650 N.

City SAINT GEORGE State UT Zip Code 84770-5929

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2014  
Transaction ID : SA11.718902

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. MR. BRUCE R. MAGNUSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 233 E. 13TH STREET APT 1303

City CHICAGO State IL Zip Code 60605-3249

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

Name of Employer MAGNUSON GROUP Occupation FOUNDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2014  
Transaction ID : SA11.719479

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. ROBERT J. MALLOY**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 BEACON STREET

City BOSTON State MA Zip Code 02116-1401

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11.721764**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**B. MR. BRIAN P. MANLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 629 LAFAYETTE AVENUE

City BUFFALO State NY Zip Code 14222-1435

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

Name of Employer IMAGINE STAFFING TECHNOLOGY, INC. Occupation PRESIDENT/OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718150**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C. MRS. GIA M. MANLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 629 LAFAYETTE AVENUE

City BUFFALO State NY Zip Code 14222-1435

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

Name of Employer IMAGINE STAFFING TECHNOLOGY, INC. Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718149**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. GREAYER MANSFIELD-JONES JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 876 KALLIN AVE

City	State	Zip Code
LONG BEACH	CA	90815-5004

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

Name of Employer	Occupation
NOT PROVIDED	MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

**Transaction ID : SA11.720214**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MR. GARY C. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 91588

City	State	Zip Code
ARLINGTON	TX	76015-0088

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

Name of Employer	Occupation
MARTIN SPROCKET & GEAR, INC.	VICE CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : SA11.719042**

Amount of Each Receipt this Period  
6500.00

CONTRIBUTION

**C. MR. KADE L. MATTHEWS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1170

City	State	Zip Code
CLARENDON	TX	79226-1170

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

Name of Employer	Occupation
SELF-EMPLOYED	RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

**Transaction ID : SA11.719555**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	11950.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. GEORGE MCCOWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 LUCERO WAY  
 City PORTOLA VALLEY State CA Zip Code 94028-7428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.718086**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MRS. ELAINE MCLURE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 THORPE PARK  
 City DULUTH State GA Zip Code 30097-5937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED REAL ESTATE INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : SA11.720155**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**C. MR. LAWRENCE A. MIZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4350 S. MONACO STREET  
 City DENVER State CO Zip Code 80237-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MDC HOLDINGS/RICHMOND AMERICAN HOM C.E.O. AND CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718154**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6075.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 33 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. KIT T. MONCRIEF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4600 BROAD AVENUE  
City FORT WORTH State TX Zip Code 76107-1532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation INVESTMENTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11.720763**  
Amount of Each Receipt this Period 2600.00  
CONTRIBUTION

**B. JEAN PAUL MULLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 E. CENTRAL AVE  
City WINTER HAVEN State FL Zip Code 33880-3050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GESSLER CLINIC Occupation DOCTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : SA11.719139**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. MS. WANDA MYERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5103 CAREW ST  
City HOUSTON State TX Zip Code 77096-1401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014  
**Transaction ID : SA11.721246**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 3100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MS. ANDREW NOWAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24220 SW PETES MOUNTAIN RD  
 City WEST LINN State OR Zip Code 97068-4520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11.719983**  
 Amount of Each Receipt this Period 165.00  
 CONTRIBUTION

**B. MRS. LUCY J. OLDFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 SHORE DR. APT 124  
 City VIRGINIA BEACH State VA Zip Code 23451-1159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 17 / 2014  
**Transaction ID : SA11.717237**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MRS. ANN M. PARKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3045 FERMANAGH DRIVE  
 City TALLAHASSEE State FL Zip Code 32309-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : SA11.719447**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. ANN M. PARKE**

Mailing Address 3045 FERMANAGH DRIVE

City State Zip Code  
TALLAHASSEE FL 32309-3310

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : SA11.721221**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. VERONICA PEDRO-ALEXANDER**

Mailing Address 11727 SUNRISE VIEW LANE

City State Zip Code  
WELLINGTON FL 33449-8382

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719562**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HARRY PETROHILOS**

Mailing Address 33 E. HYDE RD

City State Zip Code  
YELLOW SPRINGS OH 45387-9727

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.718059**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GEORGE O. PFAFF**

Mailing Address 16 SALISBURY DR.  
APT 7118

City ASHEVILLE State NC Zip Code 28803-0008

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : SA11.720133**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM L. PHILLIPS**

Mailing Address 11 GRANDVIEW LN

City EASTHAMPTON State MA Zip Code 01027-1006

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.719660**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RONALD PLOTKIN**

Mailing Address 800 LAKEVIEW CANYON RD

City WESTLAKE VILLAGE State CA Zip Code 91362-5649

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014  
**Transaction ID : SA11.721737**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. CONRAD S. PUTZAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 MONCEAUX ROAD  
 City WEST PALM BEACH State FL Zip Code 33405-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2014  
**Transaction ID : SA11.719804**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. JAMES L. REISSNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5852 LONG BRAKE TRL  
 City MINNEAPOLIS State MN Zip Code 55439-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2014  
**Transaction ID : SA11.717905**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MRS. MARY R. RICHTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22488 KARNAK ROAD  
 City KNIGHTS LANDING State CA Zip Code 95645-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 20 / 2014  
**Transaction ID : SA11.717999**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 325.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. MARY R. RICHTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22488 KARNAK ROAD  
 City KNIGHTS LANDING State CA Zip Code 95645-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: HOMEMAKER Occupation: HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 10 / 31 / 2014  
**Transaction ID : SA11.720831**  
 Amount of Each Receipt this Period: 50.00  
 CONTRIBUTION

**B. MS. ROBERTA ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14515 W. GRANITE VALLEY DRIVE APARTMENT E567  
 City SUN CITY WEST State AZ Zip Code 85375-6024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: HOMEMAKER Occupation: HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2014  
**Transaction ID : SA11.718839**  
 Amount of Each Receipt this Period: 500.00  
 CONTRIBUTION

**C. MR. RICHARD SAMBOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3181 MONET DRIVE WEST  
 City PALM BEACH GARDENS State FL Zip Code 33410-1471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: RETIRED Occupation: RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 21 / 2014  
**Transaction ID : SA11.718155**  
 Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 39 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. EULICE E. SHELLEY**

Mailing Address 259 SLEEPY OAKS LN NW

City State Zip Code  
FORT WALTON BEACH FL 32548-3900

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 03 / 2014  
**Transaction ID : SA11.721319**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 10035 PROSPECT AVE STE 101

City State Zip Code  
SANTEE CA 92071-4385

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

Name of Employer Occupation  
SHEPARDSON ENGINEERING ASSOCIATES CIVIL ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718297**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. NANCY B. SHULER**

Mailing Address 6633 WHEELER AVE

City State Zip Code  
LA VERNE CA 91750-1251

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 04 / 2014  
**Transaction ID : SA11.721417**

Amount of Each Receipt this Period  
201.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 701.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. HAROLD H. SIMS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 536 BUFFLEHEAD DRIVE

City JOHNS ISLAND State SC Zip Code 29455-5791

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2014  
**Transaction ID : SA11.717467**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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

Mailing Address 100 FEDERAL STREET STE 3500

City BOSTON State MA Zip Code 02110-1802

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

Name of Employer THOMAS H. LEE PARTNERS. L.P. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8000.00

Date of Receipt 10 / 27 / 2014  
**Transaction ID : SA11.719556**

Amount of Each Receipt this Period 8000.00

CONTRIBUTION

**C. MR. CHARLES E. SPORCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 KAUMANA PLACE APT. A.

City KAILUA State HI Zip Code 96734-5833

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 22 / 2014  
**Transaction ID : SA11.718888**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9500.00

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



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

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

FOR LINE NUMBER: PAGE 41 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. CHARLES E. SPORCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 KAUMANA PLACE APT. A.  
 City KAILUA State HI Zip Code 96734-5833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 24 / 2014  
**Transaction ID : SA11.721826**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. MR. THEODORE TARANTINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2194 COUNTRY GOLF DRIVE  
 City WELLINGTON State FL Zip Code 33414-8336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEALTH SYSTEMS MANAGER NETWORK Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2014  
**Transaction ID : SA11.720972**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. ROBERT J. TOMSICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 VIA BELLARIA  
 City PALM BEACH State FL Zip Code 33480-4912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NESCO Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2014  
**Transaction ID : SA11.717593**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. ROBERT N. TUTTLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6114 ROLLING WATER DR.

City HOUSTON State TX Zip Code 77069-2546

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 27 / 2014  
**Transaction ID : SA11.719732**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MR. EDWARD L. VOLZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 63 EMERSON PLACE

City VALLEY STREAM NORTH State NY Zip Code 11580-4428

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
321.00

Date of Receipt  
10 / 27 / 2014  
**Transaction ID : SA11.719835**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MR. ARTHUR J. WARBURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 BARCARMIL WAY

City NAPLES State FL Zip Code 34110-0900

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 03 / 2014  
**Transaction ID : SA11.721193**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. FRANCIS J. WARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2705 PINNACLE RIAD  
 City State Zip Code  
 RUSH NY 14543-9773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.717624**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. PEDRO E. WASMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 642 BOUGAINVILLEA RD  
 City State Zip Code  
 NAPLES FL 34102-5525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.718129**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**C. MR. DELBERT A. WHITAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 TURTLE CREEK BLVD  
 APT 5A  
 City State Zip Code  
 DALLAS TX 75219-5565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.717589**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. NORMAN WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 ROSALBA ST NE  
 City ALBUQUERQUE State NM Zip Code 87112-6552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PRESBYTERIAN HEALTH SERVICES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11.721692**  
 Amount of Each Receipt this Period  
 250.00  
**CONTRIBUTION**

**B. MS. MARION S. YERKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3679 BLACKFOOT COURT SW  
 City GRANDVILLE State MI Zip Code 49418-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11.719933**  
 Amount of Each Receipt this Period  
 55.00  
**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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	110731.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 64
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. BACARDI USA, INC. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2701 LE JEUNE ROAD  
City CORAL GABLES State FL Zip Code 33134-5809  
FEC ID number of contributing federal political committee. **C** C00160838  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2014  
**Transaction ID : SA11.719544**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B. DELTA AIR LINES PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1212 NEW YORK AVENUE NW SUITE 200  
City WASHINGTON State DC Zip Code 20005-6609  
FEC ID number of contributing federal political committee. **C** C00104802  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : SA11.718152**  
Amount of Each Receipt this Period 2500.00  
CONTRIBUTION

**C. DEVRY INC POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3005 HIGHLAND PKWY.  
City DOWNERS GROVE State IL Zip Code 60515-5682  
FEC ID number of contributing federal political committee. **C** C00198606  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2014  
**Transaction ID : SA11.721740**  
Amount of Each Receipt this Period 1000.00  
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 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 OF 64  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

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

Mailing Address 990 W. 190TH STREET STE. 650

City State Zip Code  
TORRANCE CA 90502-1075

FEC ID number of contributing federal political committee. **C** C00393298

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 21 / 2014  
**Transaction ID : SA11.718153**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SUGAR CANE GROWERS COOPERATIVE OF FLORIDA PAC**

Mailing Address P.O. BOX 666

City State Zip Code  
BELLE GLADE FL 33430-0666

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 18 / 2014  
**Transaction ID : SA11.721739**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9500.00

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

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

FOR LINE NUMBER: PAGE 47 OF 64  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. USPS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 900 BRENTWOOD RD NE  
City WASHINGTON State DC Zip Code 20090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2014  
**Transaction ID : SA.10**  
Amount of Each Receipt this Period  
437.31  
**POSTAGE REFUND**

**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) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	437.31
<b>TOTAL</b> This Period (last page this line number only).....▶	437.31

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Annie Baker**

Mailing Address 503 C Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2014			

**Transaction ID : 98093**

Amount of Each Disbursement this Period

3024.11
---------

Full Name (Last, First, Middle Initial)

**B. Annie Baker**

Mailing Address 503 C Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Reimbursement: See Memo Entries

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

**Transaction ID : 98098**

Amount of Each Disbursement this Period

2218.78
---------

Full Name (Last, First, Middle Initial)

**C. Biltmore Miami**

Mailing Address 1200 Anastasia Ave

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement  
BAKER REIMBURSEMENT: FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

**Transaction ID : 98124**

Amount of Each Disbursement this Period

385.53
--------

**[MEMO ITEM]**

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

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

5242.89
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Cinnabon**

Mailing Address 2100 NW 42nd Ave

City Miami State FL Zip Code 33126

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : 98129

Amount of Each Disbursement this Period

6.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Courtyard Marriott**

Mailing Address 1201 NW Le Jeune Rd

City Miami State FL Zip Code 33126

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : 98126

Amount of Each Disbursement this Period

784.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DC TAXI**

Mailing Address 1636 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : 98130

Amount of Each Disbursement this Period

49.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. DELTA AIR**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL AIR

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : 98122

Amount of Each Disbursement this Period

364.60
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Havana Harry's**

Mailing Address 4612 S Le Jeune Rd

City Coral Gables State FL Zip Code 33146

Purpose of Disbursement  
BAKER REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : 98127

Amount of Each Disbursement this Period

132.20
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hertz Rent-A-Car**

Mailing Address 14501 Hertz Quail Springs Parkway

City Oklahoma City State OK Zip Code 73134

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : 98125

Amount of Each Disbursement this Period

69.41
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Hertz Rent-A-Car**

Mailing Address 14501 Hertz Quail Springs Parkway

City Oklahoma City State OK Zip Code 73134

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : 98132

Amount of Each Disbursement this Period

149.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jose Cuervo Tequileria**

Mailing Address 2100 NW 42nd Ave

City Miami State FL Zip Code 33126

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : 98131

Amount of Each Disbursement this Period

20.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : 98123

Amount of Each Disbursement this Period

237.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. YELLOW CAB**

Mailing Address 9600 IH 35 North

City State Zip Code  
SAN ANTONIO TX 78233

Purpose of Disbursement  
BAKER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 98128**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Annie Baker**

Mailing Address 503 C Street SE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 98112**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dorinda Moss**

Mailing Address 3722 Munson Road

City State Zip Code  
Falls Church VA 22041

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 98100**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Matt Terrill**

Mailing Address 410 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

**Transaction ID : 98092**

Amount of Each Disbursement this Period

1570.46

Full Name (Last, First, Middle Initial)

**B. Matt Terrill**

Mailing Address 410 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2014

**Transaction ID : 98113**

Amount of Each Disbursement this Period

1570.46

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : 98106**

Amount of Each Disbursement this Period

7.95

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

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

3148.87

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2014

**Transaction ID : 98109**

Amount of Each Disbursement this Period

2102.10

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc.**

Mailing Address Attn: Accounts Receivable  
205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Compliance Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

**Transaction ID : 98099**

Amount of Each Disbursement this Period

1950.00

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

**Transaction ID : 98107**

Amount of Each Disbursement this Period

24.95

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

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

4077.05

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Clockwork Systems**

Mailing Address 6001 Gloster Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement  
Direct Mail Printing & Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 98101**

Amount of Each Disbursement this Period

8590.35

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Road  
Suite 400

City State Zip Code  
Tysons Corner VA 22182

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 98084**

Amount of Each Disbursement this Period

124.22

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Road  
Suite 400

City State Zip Code  
Tysons Corner VA 22182

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 98096**

Amount of Each Disbursement this Period

7.40

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

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

8721.97

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Road  
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

**Transaction ID : 98111**

Amount of Each Disbursement this Period

2.70

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Road  
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
Compliance Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2014

**Transaction ID : 98119**

Amount of Each Disbursement this Period

28894.32

Full Name (Last, First, Middle Initial)

**C. Communications Corporation of America**

Mailing Address 13191 Freedom Way

City Boston State VA Zip Code 22713

Purpose of Disbursement  
Direct Mail Printing & Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

**Transaction ID : 98102**

Amount of Each Disbursement this Period

106009.15

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

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

134906.17



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Direct Response Strategies**

Mailing Address 228 South Washington Street  
Suite B30

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Mail Printing & Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 98103**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ePay Business Solutions Inc.**

Mailing Address 27A Midstate Drive  
Suite 218

City Auburn State MA Zip Code 22314

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 98094**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ePay Business Solutions Inc.**

Mailing Address 27A Midstate Drive  
Suite 218

City Auburn State MA Zip Code 22314

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 98095**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. ePay Business Solutions Inc.**

Mailing Address 27A Midstate Drive  
Suite 218

City Auburn State MA Zip Code 22314

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2014

**Transaction ID : 98114**

Amount of Each Disbursement this Period

35.30

Full Name (Last, First, Middle Initial)

**B. ePay Business Solutions Inc.**

Mailing Address 27A Midstate Drive  
Suite 218

City Auburn State MA Zip Code 22314

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2014

**Transaction ID : 98115**

Amount of Each Disbursement this Period

2779.46

Full Name (Last, First, Middle Initial)

**C. First Tuesday Strategies LLC**

Mailing Address 1301 Gervais Street  
Suite 520

City Columbia State SC Zip Code 29201

Purpose of Disbursement  
Printing & Design Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2014

**Transaction ID : 98110**

Amount of Each Disbursement this Period

3000.00

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

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

5814.76

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Hoon Designs, LLC**

Mailing Address 2800 Shirlington Road  
Suite 920

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Printing & Design Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

**Transaction ID : 98104**

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

**B. Hueter & Associates**

Mailing Address 2000 Powell St

City Emeryville State CA Zip Code 94608

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : 98090**

Amount of Each Disbursement this Period

28670.00

Full Name (Last, First, Middle Initial)

**C. Miller Spence Group, LLC**

Mailing Address PO Box 7557

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2014

**Transaction ID : 98120**

Amount of Each Disbursement this Period

6329.50

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

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

36399.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**

Mailing Address 144 2nd Street  
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

**Transaction ID : 98108**

Amount of Each Disbursement this Period

0.52

Full Name (Last, First, Middle Initial)

**B. Trans World Jets**

Mailing Address 848 Brickell Avenue  
Suite 600

City Miami State FL Zip Code 33131

Purpose of Disbursement  
Travel: Air

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 98089**

Amount of Each Disbursement this Period

4107.00

Full Name (Last, First, Middle Initial)

**C. TSYS Merchant Solutions**

Mailing Address 1601 Dodge Street

City Omaha State NE Zip Code 68102

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : 98116**

Amount of Each Disbursement this Period

41.90

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

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

4149.42

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. TSYS Merchant Solutions**

Mailing Address 1601 Dodge Street

City Omaha State NE Zip Code 68102

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : 98117**

Amount of Each Disbursement this Period

45.90

Full Name (Last, First, Middle Initial)

**B. Wiland Direct**

Mailing Address 6309 Monarch Park Place  
Suite 201

City Longmont State CO Zip Code 80503

Purpose of Disbursement  
Direct Mail Printing & Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 98105**

Amount of Each Disbursement this Period

4484.04

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

4529.94

289847.30

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

### A. Reclaim America PAC

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
DISTRIBUTION OF NET JFC PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : 98097

Amount of Each Disbursement this Period

8	2	3	2	1	.	3	7
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

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

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

8	2	3	2	1	.	3	7
---	---	---	---	---	---	---	---

8	2	3	2	1	.	3	7
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Randall Smith**

Mailing Address 885 3rd Avenue  
34th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 98085**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

800.00

800.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Rock-Tenn PAC**

Mailing Address 504 Thrasher Street

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 98086**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

5000.00

5000.00