

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

MICA FOR CONGRESS

ADDRESS (number and street) ▼

P. O. Box 181546

Check if different than previously reported. (ACC)

Casselberry

FL

32718

2. **FEC IDENTIFICATION NUMBER** ▼

C C00283051

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

07

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 11 / 06 / 2012 in the State of FL

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2012 through 10 / 17 / 2012

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 W Edward Langdon

Signature of Treasurer W Edward Langdon

[Electronically Filed]

Date

01 / 31 / 2013

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

Write or Type Committee Name  
**MICA FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	82321.00	1951816.61
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	82321.00	1951316.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	38542.85	2042221.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1127.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38542.85	2041094.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	381221.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MICA FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40025.00	814279.05
(ii) Unitemized.....	11796.00	106110.01
(iii) TOTAL of contributions from individuals ▶	51821.00	920389.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30500.00	1031427.55
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	82321.00	1951816.61
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1127.09
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	7259.56
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	82321.00	1960203.26

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38542.85	2042221.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	255625.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	38542.85	2298346.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	337443.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	82321.00
25. SUBTOTAL (add Line 23 and Line 24).....	419764.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38542.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	381221.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce W Engelsma**

Mailing Address 990 Partenwood Rd

City Orono State MN Zip Code 55356

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

Name of Employer Kraus Anderson Construction Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 0033545**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas A Davis**

Mailing Address 1455 Pennsylvania Ave, NW Ste 1200

City Washington State DC Zip Code 20004

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

Name of Employer Davis & Harman LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 0033549**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Valerie J Jerich**

Mailing Address 26321 Mira Way

City Bonita Springs State FL Zip Code 34134

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

Name of Employer Jerich and Associates Occupation Lobbyist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 0033550**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jonathan L Feinstein**

Mailing Address 38 Constitution Drive

City Southboro State MA Zip Code 01772

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

Name of Employer Frederic Fekkai & Co Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0033558**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert S Brustlin**

Mailing Address 37 Oak Street

City Newburyport State MA Zip Code 01950

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

Name of Employer VHB Consulting Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0033559**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William J Roache**

Mailing Address 38 Grove Street

City Norfolk State MA Zip Code 02056

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

Name of Employer VHB Consulting Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0033560**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Joan F. Carragher**

Mailing Address 4474 Twinview Ln

City Orlando State FL Zip Code 32814

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

Name of Employer VHB Millersellen Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0033561**

Amount of Each Receipt this Period  
 1000.00

1100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew I Shapiro**

Mailing Address 55 Kingsbury Street

City Needham State MA Zip Code 02492

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

Name of Employer Kyle W Shapiro Foundation Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0033562**

Amount of Each Receipt this Period  
 1000.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry M. Schneider**

Mailing Address 4905 Midtown Ln, Ste 2313

City Palm Beach Gardens State FL Zip Code 33418

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

Name of Employer Self Occupation Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0034041**

Amount of Each Receipt this Period  
 250.00

On line contribution

450.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Carl W. Lentz III**

Mailing Address 2411 North Halifax

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : 0034059**

Amount of Each Receipt this Period  
500.00

On line contribution

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

Mailing Address 191 Island Estates Pkwy

City Palm Coast	State FL	Zip Code 32137
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FEC ID number of contributing federal political committee. **C**

Name of Employer Oare Assoc LLC	Occupation Developer
------------------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2012

**Transaction ID : 0033564**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Ingrid J. Wise**

Mailing Address 1244 Kersfield Cir

City Lake Mary	State FL	Zip Code 32746
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2012

**Transaction ID : 0033596**

Amount of Each Receipt this Period  
25.00

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

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

1525.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lloyd H. Kindred**

Mailing Address 1296 Caldwell Ave

City State Zip Code  
Orange City FL 32763

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 0033610**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 778 Foxhound Drive

City State Zip Code  
Port Orange FL 32128

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

Name of Employer Occupation  
Halifax Health chief Revenue Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 0033626**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3608 Casey Key Rd

City State Zip Code  
Nokomis FL 34275

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

Name of Employer Occupation  
Woodward & Associates Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2012

**Transaction ID : 0034071**

Amount of Each Receipt this Period  
1000.00  
On line contribution

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Carmine Stamato**

Mailing Address 2506 Doyles Lane

City Davidsonville State MD Zip Code 21035

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

Name of Employer self Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2012

**Transaction ID : 0034073**

Amount of Each Receipt this Period  
2500.00

On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard M. Haber**

Mailing Address 4422 W San Carlos St

City Tampa State FL Zip Code 33629

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033781**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1563 Solano Ave, Apt 203

City Berkeley State CA Zip Code 94707

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

Name of Employer Siebert Brandford Shank & Co LLC Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033785**

Amount of Each Receipt this Period  
1000.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James D. Taylor**

Mailing Address 30 Cypress Lane

City Winter Park State FL Zip Code 32789-1203

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

Name of Employer Jim Taylor Corp Occupation Businessperson

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033916**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**The Hon. J.W. Arrowsmith**

Mailing Address PO Box 1021

City Apopka State FL Zip Code 32704

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

Name of Employer City of Apopka Occupation City Employee

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033918**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. E. Hardy Vaughn CLU**

Mailing Address PO Box 532017  
1407 East Robinson Street

City Orlando State FL Zip Code 32853

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

Name of Employer The Vaughn Group, Inc Occupation Certified Financial Planr

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033982**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James T. Barnes Jr.**

Mailing Address 7 Isle of Sicily

City Winter Park State FL Zip Code 32789

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

Name of Employer Bank First Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033983**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard O. Baldwin.**

Mailing Address 1550 Dale Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Steward Enterprises, Inc Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033984**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William P. Battaglia**

Mailing Address PO Box 3010

City Winter Park State FL Zip Code 32790

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

Name of Employer Battaglia Group Management Occupation Chief Executive Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033986**

Amount of Each Receipt this Period  
**2500.00**

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas J. St. George**

Mailing Address 971 Georgia Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033987**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard R. Swann**

Mailing Address 750 Gatlin Ave

City Orlando State FL Zip Code 32806

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

Name of Employer Swann Hadley Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033989**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffry R. Jontz**

Mailing Address 1138 Park N Place

City Winter Park State FL Zip Code 32789

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

Name of Employer Swann Hadley etal Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033991**

Amount of Each Receipt this Period  
250.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eric W Schreck**

Mailing Address 104 Saint Johns Landing Dr

City Winter Springs State FL Zip Code 32708

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

Name of Employer Trustco Bank Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033992**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A. Koch**

Mailing Address 2555 Temple Trail

City Winter Park State FL Zip Code 32789

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

Name of Employer Fugleberg Koch Architects Occupation Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033996**

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

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ralph V. Hadley III**

Mailing Address 120 Spring Cove TRL

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Swann & Hadley, PA Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033997**

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

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

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

\_\_\_\_\_ 1250.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Craig C. Mateer**

Mailing Address 6751 Forum Drive  
STE 230

City Orlando State FL Zip Code 32821

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

Name of Employer Baggage Airlines Guest Services Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033998**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 316 Spring Run Circle

City Longwood State FL Zip Code 32779

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

Name of Employer L-3 Coleman Aerospace Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034000**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3025 Kingfisher Pt

City Chuluota State FL Zip Code 32766

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

Name of Employer AVT Simulation Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034001**

Amount of Each Receipt this Period  
500.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Vipin C. Mehta**

Mailing Address 7125 Horizon Circle

City State Zip Code  
Windermere FL 32786

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

Name of Employer Occupation  
Mehta & Associates Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 12 2012

**Transaction ID : 0034003**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Abascal Jr.**

Mailing Address 281 Hillcrest Drive

City State Zip Code  
Oviedo FL 32765

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

Name of Employer Occupation  
Applied Visual Technology Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 12 2012

**Transaction ID : 0034004**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 2006

City State Zip Code  
Winter Park FL 32790

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

Name of Employer Occupation  
Graham Builder Jones Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 12 2012

**Transaction ID : 0034005**

Amount of Each Receipt this Period  
500.00

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas F Winters**

Mailing Address 1800 Summerland Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034009**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 13912 Hickory Tree Ct

City Orlando State FL Zip Code 32832

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

Name of Employer ACS Fire & Security Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034083**

Amount of Each Receipt this Period  
250.00

On line contribution

**C.** Full Name (Last, First, Middle Initial)  
**Azalea Gardens Properties, LTD**

Mailing Address 1639 East Robinson St

City Orlando State FL Zip Code 32802

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

Name of Employer Partnership Occupation Partnership

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034087**

Amount of Each Receipt this Period  
500.00

SEE ATTRIBUTION BELOW

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Robinson**

Mailing Address 1639 East Robinson St

City Orlando State FL Zip Code 32803

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

Name of Employer Azalea Gardens Properties, LTD Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034087-0001**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Partnership Share

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel C. Shaw**

Mailing Address 244 N Jungle Rd

City Geneva State FL Zip Code 32732

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2012

**Transaction ID : 0034335**

Amount of Each Receipt this Period  
250.00

IN-KIND: Catering Services

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Lewis M. Oliver III**

Mailing Address 2660 Babbit Ave

City Orlando State FL Zip Code 32833

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

Name of Employer Quinones & Oliver Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 0033786**

Amount of Each Receipt this Period  
250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra K. Bushue**

Mailing Address 2902 S 13th St, #302

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
B&I Transportation Consulting Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 0033787**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John W. Pugh**

Mailing Address PO Box 1750

City State Zip Code  
De Land FL 32721

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

Name of Employer Occupation  
Cole Bros Circus Chief Executive Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 0033827**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 553 South Longview Pl

City State Zip Code  
Longwood FL 32779

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

Name of Employer Occupation  
self Housewife

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 0033834**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Ronald D. Hucke**

Mailing Address 2306 Windjammer Lane

City State Zip Code  
St. Augustine FL 32084

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

Name of Employer Occupation  
St Johns Family Dentists Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 0033874**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Herbert V. Hinely**

Mailing Address 225 Arnold Avenue

City State Zip Code  
Longwood FL 32750

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

Name of Employer Occupation  
Carbonic Industries Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 0033875**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Wayne J. Hilmer**

Mailing Address 660 Osceola Ave, Apt 105

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Self Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 0033878**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 21 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Brian Albertson**

Mailing Address 235 E Kings Way

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
SLA Management Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2012

**Transaction ID : 0033890**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**The Hon. Ben F. Johnson**

Mailing Address PO Box 220169

City State Zip Code  
Glenwood FL 32722

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

Name of Employer Occupation  
Volusia County Sheriff

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2012

**Transaction ID : 0033898**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce T. Hopkin**

Mailing Address 248 Shady Oaks Cir

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Occupation  
Delta Air Lines Airline pilot

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2012

**Transaction ID : 0034055**

Amount of Each Receipt this Period  
250.00

On line contribution

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Lenkala R. Mallaiah**

Mailing Address 5210 Forest Edge Court

City Sanford State FL Zip Code 32771

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

Name of Employer Mid Florida Gastroenterology Group Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034016**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. F. Carlisle Towery**

Mailing Address 71 Sunnyside Place

City Irvington State NY Zip Code 10533

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

Name of Employer Greater Jamaica Development Corp Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034023**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5 South Lake Trail

City Palm Beach State FL Zip Code 33480

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034027**

Amount of Each Receipt this Period  
500.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert E. Battaglia**

Mailing Address 1466 Alabama Drive

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer Battaglia Group Management	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034028**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. A. William Forness Jr.**

Mailing Address 289 Trismen Terrace

City Winter Park	State FL	Zip Code 32789
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FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation Certified Public Acct.
--------------------------	--------------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034085**

Amount of Each Receipt this Period  
250.00

On line contribution LESLIE

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert H. Godwin**

Mailing Address 2613 Park Place Drive

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer Colony Homes	Occupation Builder
----------------------------------	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 0034096**

Amount of Each Receipt this Period  
500.00

On line contribution LESLIE

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Darrell L Davis**

Mailing Address 300 S Interlachen Ave, Unit 303

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2012

**Transaction ID : 0034102**

Amount of Each Receipt this Period  

250.00
--------

On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard L. Hanas**

Mailing Address 2345 Mikler Road

City Orlando	State FL	Zip Code 32765
-----------------	-------------	-------------------

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

Name of Employer A Duda & Sons	Occupation Executive
-----------------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2012

**Transaction ID : 0034106**

Amount of Each Receipt this Period  

250.00
--------

On line contribution

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth A. Haskins Vihlen**

Mailing Address 418 River Drive

City De Bary	State FL	Zip Code 32713
-----------------	-------------	-------------------

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

Name of Employer Signature Flight Support	Occupation Retired
--	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2012

**Transaction ID : 0034108**

Amount of Each Receipt this Period  

250.00
--------

On line contribution

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

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

750.00
40025.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Motorcycle PAC of Minnesota**

Mailing Address 7160 Willow View Cove

City Chanhassen State MN Zip Code 55317

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 0033544**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Traffic Safety Services Association PAC**

Mailing Address 15 Riverside Parkway  
STE 100

City Fredericksburg State VA Zip Code 22406

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 0033547**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**mCapitol Management/MWH Americas PAC**

Mailing Address 380 Interlocken Crescent  
Ste 200

City Broomfield State CO Zip Code 80021

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 0033548**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

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

Mailing Address **PO Box 30844**

City **Bethesda** State **MD** Zip Code **20824**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 03 / 2012**

**Transaction ID : 0033627**

Amount of Each Receipt this Period  
**3000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Texans for Lamar Smith**

Mailing Address **PO Box 6155**

City **San Antonio** State **TX** Zip Code **78209**

FEC ID number of contributing federal political committee. **C C00197160**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 03 / 2012**

**Transaction ID : 0033628**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address **22780 Indian Creek Drive Ste 100**

City **Sterling** State **VA** Zip Code **20166**

FEC ID number of contributing federal political committee. **C C00525238**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

**Transaction ID : 0033784**

Amount of Each Receipt this Period  
**2000.00**

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

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

**7000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Insurance & Financial Advisors PAC**

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0033985**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 300 New Jersey Ave, NW STE 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00507053

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034011**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 370 Wabasha Street N

City St Paul State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C** C00101485

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034012**

Amount of Each Receipt this Period  
3000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Keep Our Mission PAC**

Mailing Address 228 S Washington St, #115

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00307405

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 0034013**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Occidental Petroleum Corp PAC**

Mailing Address 10889 Wilshire Blvd

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 0033907**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sidley Austin LLP Good Government Fund**

Mailing Address 787 Seventh Ave

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00351270

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 0033908**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A. Minnesota Corn Growers Association Federal PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 738 1st Ave E

City State Zip Code  
Shakopee MN 55379

FEC ID number of contributing federal political committee. **C** C00416982

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 0033909**

Amount of Each Receipt this Period  
 1000.00

**B. Florida Fruit & Vegetable Assoc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 948153

City State Zip Code  
Maitland FL 32794

FEC ID number of contributing federal political committee. **C** C00232967

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 0033910**

Amount of Each Receipt this Period  
 1000.00

**C. Publix Super Markets, Inc. Asso. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 407

City State Zip Code  
Lakeland FL 33802

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 0034125**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brunswick Good Government Fund**

Mailing Address 1N Field Court

City Lake Forest State IL Zip Code 60045

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034029**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Forest & Paper Association PAC**

Mailing Address 1111 19th St, NW, Ste 800

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034112**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Rockwell Collins Good Government Comte**

Mailing Address 1300 Wilson Blvd, Ste 200

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034113**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Delta Air Lines PAC**

Mailing Address 1212 New York Ave, NW, Ste 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 0034121**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

30500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0033638</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 0.90 <b>Transaction ID : 0033673</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 2.25 <b>Transaction ID : 0033675</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.28
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0033677</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 2.25 <b>Transaction ID : 0033679</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. American Trucking Assocaiton</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address PO Box 101360		Amount of Each Disbursement this Period 228.00 <b>Transaction ID : 0034128</b>
City Arlington	State VA	
Zip Code 22210	Purpose of Disbursement EVENT CATERING COSTS	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	231.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 57		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Front Porch Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 243 N Fifth St, Ste 330		Amount of Each Disbursement this Period 2484.62
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement PHONE EXPENSES	Category/Type 001	
Candidate Name		Transaction ID : 0034129
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CenturyLink</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P O Box 30784		Amount of Each Disbursement this Period 193.49
City Tampa	State FL	Zip Code 33630
Purpose of Disbursement PHONE EXPENSES	Category/Type 001	
Candidate Name		Transaction ID : 0034131
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 500.00
City Casselberry	State FL	Zip Code 32707
Purpose of Disbursement POSTAGE, NON-BULK MAIL	Category/Type 001	
Candidate Name		Transaction ID : 0033740
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3178.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jillian Wist</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 17231 Cypress Preserve Pkwy		Amount of Each Disbursement this Period 1132.20 <b>Transaction ID : 0033739</b>
City Orlando	State FL Zip Code 32820	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Millennium Consulting Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address PO Box 568926		Amount of Each Disbursement this Period 17230.00 <b>Transaction ID : 0033738</b>
City Orlando	State FL Zip Code 32856	
Purpose of Disbursement ADVERTISING	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : 0034042</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card processing fees	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18373.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 22.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034060	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 2.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034062	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Petty Cash</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012	
Mailing Address P O Box 181546			Amount of Each Disbursement this Period 100.00	
City Casselberry	State FL	Zip Code 32718	Transaction ID : 0033741	
Purpose of Disbursement Petty Cash		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	124.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 2.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034064	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. Justin Grogan</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2012	
Mailing Address 539 W King Street			Amount of Each Disbursement this Period 200.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 0034134	
Purpose of Disbursement Catering Services		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 4.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034066	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	206.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034068</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034070</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : 0034072</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 112.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034074	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 4.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034076	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 2.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034078	
Purpose of Disbursement Credit card processing fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	119.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034080</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Insight Political Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 202 Mullally St		Amount of Each Disbursement this Period 2808.75 <b>Transaction ID : 0033737</b>
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Consulting Services	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : 0033742</b>
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3259.88
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wiley Deck</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 127 Candlestick Drive		Amount of Each Disbursement this Period 315.80 <b>Transaction ID : 0034130</b>
City Stafford	State VA	
Zip Code 22554	Purpose of Disbursement TRAVEL & MEAL EXPENSES	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.35 <b>Transaction ID : 0034082</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 109 Live Oak Blvd		Amount of Each Disbursement this Period 86.00 <b>Transaction ID : 0034037</b>
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	403.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 11665.31	
City Ft Lauderdale	State FL		Zip Code 33336
Purpose of Disbursement TRAVEL & MEAL EXPENSES	Category/ Type 002		
Candidate Name		Transaction ID : 0034036	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		ITEMIZATION BELOW
State: District:			

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 920.60	
City Phoenix	State AZ		Zip Code 85034
Purpose of Disbursement Air Transportation	Category/ Type 002		
Candidate Name		Transaction ID : 0034036-0001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] MEMO
State: District:			

Full Name (Last, First, Middle Initial) <b>C. House Members Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address The Capitol		Amount of Each Disbursement this Period 249.85	
City Washington	State DC		Zip Code 20515
Purpose of Disbursement Meals with Constituents	Category/ Type 003		
Candidate Name		Transaction ID : 0034036-0002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] MEMO
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11665.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address Hartsfield Int'l Airport			Amount of Each Disbursement this Period 1350.40	
City Atlanta	State GA	Zip Code 40440	Transaction ID : 0034036-0003	
Purpose of Disbursement Air Transportation		002		
Candidate Name			[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Florist Express</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address 455 Boston Bost Rd, Ste 6			Amount of Each Disbursement this Period 48.97	
City Old Saybrook	State CT	Zip Code 06475	Transaction ID : 0034036-0004	
Purpose of Disbursement Gifts for Constituents		003		
Candidate Name			[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address 5779 S Highway 17-92			Amount of Each Disbursement this Period 865.68	
City Casselberry	State FL	Zip Code 32707	Transaction ID : 0034036-0005	
Purpose of Disbursement Office Supplies		001		
Candidate Name			[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 110 E Stanley Rd		Amount of Each Disbursement this Period 129.95
City Ft Pierre	State SD	Zip Code 57532
Purpose of Disbursement Lodging Expenses	Category/Type 002	
Candidate Name	Transaction ID : 0034036-0006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>B. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 200 S Andrews Ave		Amount of Each Disbursement this Period 231.04
City Ft. Lauderdale	State FL	Zip Code 33301
Purpose of Disbursement Transportation Expenses	Category/Type 002	
Candidate Name	Transaction ID : 0034036-0007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>c. Shell Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 3330 SW Archer Rd		Amount of Each Disbursement this Period 105.63
City Gainesville	State FL	Zip Code 32608
Purpose of Disbursement Transportation Expenses	Category/Type 002	
Candidate Name	Transaction ID : 0034036-0008	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Innisbrook Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 36750 US Hwy 19 North		Amount of Each Disbursement this Period 2652.57
City State Zip Code Palm Harbor FL 34684	Purpose of Disbursement Lodging Expenses	
Candidate Name	Category/Type 002	Transaction ID : 0034036-0009
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Alamo Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 6929 N Lakewood Ave		Amount of Each Disbursement this Period 324.26
City State Zip Code Tulsa OK 74117	Purpose of Disbursement Transportation Expenses	
Candidate Name	Category/Type 002	Transaction ID : 0034036-0010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Exxon Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 1622 N US Highway 1		Amount of Each Disbursement this Period 16.00
City State Zip Code Ormond Beach FL 32174	Purpose of Disbursement Transportation Expenses	
Candidate Name	Category/Type 002	Transaction ID : 0034036-0012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] MEMO

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 101 Constitution Ave, NW		Amount of Each Disbursement this Period 891.00
City Washington State DC Zip Code 20001	Purpose of Disbursement EVENT CATERING COSTS	
Candidate Name	Category/Type 003	Transaction ID : 0034036-0013
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Bistro Roca</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 143 Wonderland Dr		Amount of Each Disbursement this Period 247.50
City Blowing Rock State NC Zip Code 28605	Purpose of Disbursement Meals with Constituents	
Candidate Name	Category/Type 003	Transaction ID : 0034036-0014
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address P O Box 66100		Amount of Each Disbursement this Period 316.80
City Chicago State IL Zip Code 60666	Purpose of Disbursement Air Transportation	
Candidate Name	Category/Type 002	Transaction ID : 0034036-0017
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Columbia Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 800 2nd Ave, NE		Amount of Each Disbursement this Period 461.23
City St. Petersburg	State FL	Zip Code 33701
Purpose of Disbursement Meals with Constituents	Category/ Type 003	
Candidate Name	Transaction ID : 0034036-0021	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thats Amore</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 700 Harbour Post Drive		Amount of Each Disbursement this Period 285.80
City Tampa	State FL	Zip Code 33602
Purpose of Disbursement Meal Expenses	Category/ Type 002	
Candidate Name	Transaction ID : 0034036-0025	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. 7-11 Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 481 N Orlando Ave		Amount of Each Disbursement this Period 23.00
City Maitland	State FL	Zip Code 32751
Purpose of Disbursement Transportation Expenses	Category/ Type 002	
Candidate Name	Transaction ID : 0034036-0027	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Polonia Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 750 US 17/92		Amount of Each Disbursement this Period 288.31
City Longwood	State FL	Zip Code 32750
Purpose of Disbursement Meals with Constituents	Category/Type 003	
Candidate Name	Transaction ID : 0034036-0029	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>B. Linda's La Cantina</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 4721 E Colonial DR		Amount of Each Disbursement this Period 265.75
City Orlando	State FL	Zip Code 32803
Purpose of Disbursement Meals with Constituents	Category/Type 003	
Candidate Name	Transaction ID : 0034036-0030	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>c. Renaissance Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 714 7th Ave		Amount of Each Disbursement this Period 227.85
City New York	State NY	Zip Code 10036
Purpose of Disbursement Lodging Expenses	Category/Type 002	
Candidate Name	Transaction ID : 0034036-0034	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Little Venice</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 111 Chenango St		Amount of Each Disbursement this Period 87.73
City Binghamton	State NY Zip Code 13901	
Purpose of Disbursement Meal Expenses	Category/Type 002	Transaction ID : 0034036-0039
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rooneys Resturant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 90 Henrietta Street		Amount of Each Disbursement this Period 301.64
City Rochester	State NY Zip Code 14620	
Purpose of Disbursement Meal Expenses	Category/Type 002	Transaction ID : 0034036-0040
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Armando's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 463 W New England Ave		Amount of Each Disbursement this Period 82.19
City Winter Park	State FL Zip Code 32789	
Purpose of Disbursement Meals with Constituents	Category/Type 003	Transaction ID : 0034036-0043
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 8737 Baymeadows Rd		Amount of Each Disbursement this Period 323.65
City Jacksonville	State FL Zip Code 32256	
Purpose of Disbursement Lodging Expenses	Category/Type 002	Transaction ID : 0034036-0044
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 118-29 Queens Boulevard		Amount of Each Disbursement this Period 111.70
City Forest Hills	State NY Zip Code 11375	
Purpose of Disbursement Air Transportation	Category/Type 002	Transaction ID : 0034036-0045
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi, Brooklyn</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 99.60
City Brooklyn	State NY Zip Code 11211	
Purpose of Disbursement Transportation Expenses	Category/Type 002	Transaction ID : 0034036-0046
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : 0034084</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel C. Shaw</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 244 N Jungle Rd		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 0034335-IK</b>
City Geneva	State FL	
Zip Code 32732	Purpose of Disbursement IN-KIND: Catering Services	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	(contributor) In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034048</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	262.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 57		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034050</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034052</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034054</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : 0034056</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 <b>Transaction ID : 0034058</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citrus Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 255 S Orange Avenue		Amount of Each Disbursement this Period 260.00 <b>Transaction ID : 0034039</b>
City Orlando State FL Zip Code 32801	Purpose of Disbursement EVENT FEE 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	272.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Petty Cash</b>		M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P O Box 181546		Amount of Each Disbursement this Period
City	State	Zip Code
Casselberry	FL	32718
Purpose of Disbursement	Category/ Type	Transaction ID : 0034133
Petty Cash		001
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Piryx, Inc</b>		M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period
City	State	Zip Code
San Francisco	CA	94105
Purpose of Disbursement	Category/ Type	Transaction ID : 0034086
Credit card processing fees		003
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Piryx, Inc</b>		M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period
City	State	Zip Code
San Francisco	CA	94105
Purpose of Disbursement	Category/ Type	Transaction ID : 0034044
Credit card processing fees		003
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	115.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 4.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034093	
Purpose of Disbursement Credit card processing fees		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 3.38	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034095	
Purpose of Disbursement Credit card processing fees		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 22.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034097	
Purpose of Disbursement Credit card processing fees		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 4.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034099	
Purpose of Disbursement Credit card processing fees		003 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 2.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034101	
Purpose of Disbursement Credit card processing fees		003 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 11.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 0034103	
Purpose of Disbursement Credit card processing fees		003 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.50 <b>Transaction ID : 0034105</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : 0034107</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : 0034109</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.00
<b>TOTAL</b> This Period (last page this line number only).....	38342.85