

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Friends of Bill Posey

ADDRESS (number and street) P. O. Box 411486 Check if different than previously reported. (ACC) Melbourne FL 32941

2. FEC IDENTIFICATION NUMBER C C00444968 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT FL 08

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [X] 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 07/01/2015 through MM/DD/YYYY 09/30/2015

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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins [Electronically Filed] Date MM/DD/YYYY 10/15/2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Bill Posey

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))....	187964.00	263494.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	187964.00	263494.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	66166.90	282922.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	466.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66166.90	282455.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	386758.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

Friends of Bill Posey

Report Covering the Period: From: M M / D D / Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y
09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107450.00	140100.00
(ii) Unitemized.....	14014.00	14394.00
(iii) TOTAL of contributions from individuals ▶	121464.00	154494.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	66500.00	109000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	187964.00	263494.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	466.71
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	41.19	236.01
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	188005.19	264196.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66166.90	282922.25
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	6000.00	55700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	72166.90	388622.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	270919.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	188005.19
25. SUBTOTAL (add Line 23 and Line 24).....	458924.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72166.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	386758.00

**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 5 OF 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Edward A. Andre

Mailing Address 3800 N. Riverside Drive

City: Indialantic State: FL Zip Code: 32903

FEC ID number of contributing federal political committee: C

Name of Employer: self-employed Occupation: patent licensing

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 08 / 14 / 2015

Transaction ID : C-23-00Rz05

Amount of Each Receipt this Period: 2700.00

B. Full Name (Last, First, Middle Initial)
Jeanne M. Andre

Mailing Address 3800 N. Riverside Drive

City: Indialantic State: FL Zip Code: 32903

FEC ID number of contributing federal political committee: C

Name of Employer: n/a Occupation: homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 08 / 14 / 2015

Transaction ID : C-24-00Ry04

Amount of Each Receipt this Period: 2700.00

C. Full Name (Last, First, Middle Initial)
Richard N. Baney

Mailing Address 133 Lansing Island Drive

City: Indian Harbour Beach State: FL Zip Code: 32937

FEC ID number of contributing federal political committee: C

Name of Employer: n/a Occupation: retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1100.00

Date of Receipt: 08 / 14 / 2015

Transaction ID : C-36-00BN0D

Amount of Each Receipt this Period: 100.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Richard N. Baney
 Mailing Address 133 Lansing Island Drive
 City State Zip Code
 Indian Harbour Beach FL 32937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 n/a retired
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : C-37-00BN0E
 Amount of Each Receipt this Period
 1000.00
 1100.00

B. Full Name (Last, First, Middle Initial)
Kathy A. Berkowitz
 Mailing Address 24946 Alicante Drive
 City State Zip Code
 Calabasas CA 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 n/a homemaker
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : C-58-01yk02
 Amount of Each Receipt this Period
 200.00
 1200.00

C. Full Name (Last, First, Middle Initial)
Mark Blaxill
 Mailing Address 307B Harvard Street
 City State Zip Code
 Cambridge MA 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 XLP Capital executive director
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : C-64-01s304
 Amount of Each Receipt this Period
 500.00
 500.00

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

1700.00

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

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

FOR LINE NUMBER: PAGE 7 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Gale S. Bray

Mailing Address 889 Indian River Drive

City State Zip Code
Melbourne FL 32935

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

Name of Employer Occupation
National Realty real estate broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 29 2015

Transaction ID : C-68-00Mq05

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carole B. Brown

Mailing Address 136 Island Creek Drive

City State Zip Code
Indian River Shores FL 32963

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 10 2015

Transaction ID : C-73-00L909

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
George B. Browning

Mailing Address 8552 Sylvan Drive

City State Zip Code
Melbourne FL 32904

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

Name of Employer Occupation
self-employed pharmacist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 14 2015

Transaction ID : C-75-00RA0D

Amount of Each Receipt this Period
1000.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Wallace L. Burt
 Mailing Address 900 John Anderson Drive
 City State Zip Code
 Ormond Beach FL 32176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Security First Insurance Co. president
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015
Transaction ID : C-82-01oA02
 Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Robert R. Chaffiot
 Mailing Address 1802 Fiske Blvd., #101
 City State Zip Code
 Rockledge FL 32955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Remi Properties, Inc. property investments
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 06 2015
Transaction ID : C-99-005R0F
 Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Robert R. Chaffiot
 Mailing Address 1802 Fiske Blvd., #101
 City State Zip Code
 Rockledge FL 32955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Remi Properties, Inc. property investments
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 25 2015
Transaction ID : C-100-005R0G
 Amount of Each Receipt this Period
 700.00

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

4900.00

**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 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert R. Chaffiot

Mailing Address 1802 Fiske Blvd., #101

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
Remi Properties, Inc. property investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : C-101-005R0H

Amount of Each Receipt this Period
2200.00

B. Full Name (Last, First, Middle Initial)
Stephen G. Charpentier

Mailing Address 2285 W. Eau Gallie Blvd.

City State Zip Code
Melbourne FL 32935

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

Name of Employer Occupation
Charpentier Law Firm, P.A. attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C-102-00Nx07

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ava K. Cronin

Mailing Address 150 Riverside Drive

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-129-00Ke0B

Amount of Each Receipt this Period
500.00

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

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

2950.00

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

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

FOR LINE NUMBER: PAGE 10 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bruce Deardoff

Mailing Address 1850 E. Merritt Island Causeway

City Merritt Island State FL Zip Code 32952

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

Name of Employer Canaveral Port Authority Occupation commissioner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : C-147-01z901

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Sandra M. Deardoff

Mailing Address 181 Admirals Way

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-148-01z001

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Craig Deligdish

Mailing Address 815 Sanderling Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer Omni Healthcare Occupation physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : C-150-00MB0A

Amount of Each Receipt this Period
 2000.00

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

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

5600.00

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

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

FOR LINE NUMBER: PAGE 11 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Lisa C. Dwoskin

Mailing Address 1255 Crest Lane

City McLean State VA Zip Code 22101

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

Name of Employer n/a Occupation volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : C-160-01pl02

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Lisa C. Dwoskin

Mailing Address 1255 Crest Lane

City McLean State VA Zip Code 22101

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

Name of Employer n/a Occupation volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-161-01pl03

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lisa C. Dwoskin

Mailing Address 1255 Crest Lane

City McLean State VA Zip Code 22101

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

Name of Employer n/a Occupation volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-162-01pl04

Amount of Each Receipt this Period
2500.00

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 12 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jon T. England

Mailing Address 2016 Sea Avenue

City Indialantic State FL Zip Code 32903

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

Name of Employer Ameristar Parking Solutions, LLC Occupation president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-170-01zP01

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Joann C. Eubank

Mailing Address 5409 Robles Lane

City Rockledge State FL Zip Code 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C-175-00Fc0G

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Joann C. Eubank

Mailing Address 5409 Robles Lane

City Rockledge State FL Zip Code 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C-176-00Fc0H

Amount of Each Receipt this Period
 2700.00

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

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

5650.00

**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)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 13 OF 79

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Michael J. Eubank

Mailing Address 6760 Still Point Drive

City State Zip Code
 Melbourne FL 32940

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

Name of Employer Occupation
 Carroll Distributing Company president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-177-005Y0C

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
F. James Fanto

Mailing Address 698 Monterey Drive

City State Zip Code
 Satellite Beach FL 32937

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

Name of Employer Occupation
 Fanto Group sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : C-179-01mc03

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Henry A. Fischer

Mailing Address P. O. Box 780068

City State Zip Code
 Sebastian FL 32978

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

Name of Employer Occupation
 self-employed dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-187-00270D

Amount of Each Receipt this Period
 250.00

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

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

1750.00

**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 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Walter J. Gatti

Mailing Address 2060 S. Patrick Drive

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
Tensor Engineering president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C-205-00Rx09

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Walter J. Gatti

Mailing Address 2060 S. Patrick Drive

City State Zip Code
Indian Harbour Beach FL 32937

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

Name of Employer Occupation
Tensor Engineering president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C-206-00Rx0A

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Charles B. Genoni

Mailing Address 4760 North U.S. 1, #201

City State Zip Code
Melbourne FL 32935

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

Name of Employer Occupation
GEN Development, Inc. executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-208-01xE02

Amount of Each Receipt this Period
500.00

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 15 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
John P. Genoni

Mailing Address 758 Glengarry Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer self-employed Occupation developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-209-01YH03

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Kimberly Glover

Mailing Address 201 Waterbury Lane

City Indian Harbour Beach State FL Zip Code 32937

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-212-01zQ01

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
William H. Haskell

Mailing Address 4301 Stoney Point Road

City Melbourne State FL Zip Code 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-231-00Fs0F

Amount of Each Receipt this Period
 250.00

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: PAGE 16 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Paul J. Hirsch

Mailing Address 8212 Woodland Avenue

City Annandale State VA Zip Code 22003

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

Name of Employer Madison Government Affairs Occupation partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C-240-00Si06

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
James A. Holman

Mailing Address 613 Marian Court

City Titusville State FL Zip Code 32780

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : C-243-00y007

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Charlotte H. Houser

Mailing Address 1005 Carrington Blvd.

City Merritt Island State FL Zip Code 32952

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : C-250-00it03

Amount of Each Receipt this Period
 250.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 17 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Ronald S. Howse

Mailing Address P. O. Box 236756

City State Zip Code
Cocoa FL 32923

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

Name of Employer Occupation
Real Deal Development Group engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : C-253-00OY05

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Barbara A. Jagrowski

Mailing Address 884 Spanish Wells Drive

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C-260-00qR09

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Wayne E. Justice

Mailing Address 502 Cocoa Isles Blvd.

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
Canaveral Port Authority commissioner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : C-269-01br02

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Kimberly Knazik

Mailing Address 112 St. Croix Avenue

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: Ocean Riders Engineering, Inc. Occupation: president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 08 / 31 / 2015

Transaction ID : C-281-01qZ03

Amount of Each Receipt this Period: 2700.00

B. Full Name (Last, First, Middle Initial)
Kimberly Knazik

Mailing Address 112 St. Croix Avenue

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: Ocean Riders Engineering, Inc. Occupation: president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 08 / 31 / 2015

Transaction ID : C-282-01qZ04

Amount of Each Receipt this Period: 2700.00

C. Full Name (Last, First, Middle Initial)
Robert J. Knazik

Mailing Address 112 St. Croix Avenue

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: Ocean Riders Engineering, Inc. Occupation: systems engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 08 / 31 / 2015

Transaction ID : C-283-01G606

Amount of Each Receipt this Period: 2700.00

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 19 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert J. Knazik

Mailing Address 112 St. Croix Avenue

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
Ocean Riders Engineering, Inc. systems engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : C-284-01G607

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Kompothecras

Mailing Address 6910 Point of Rocks Road

City State Zip Code
Sarasota FL 34242

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

Name of Employer Occupation
Komtek Media marketing

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : C-288-001F05

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Gary Kompothecras

Mailing Address 6910 Point of Rocks Road

City State Zip Code
Sarasota FL 34242

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

Name of Employer Occupation
Physicians Group, LLC managing principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : C-289-001G07

Amount of Each Receipt this Period
2700.00

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

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

8100.00

**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 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Tony P. Korvick

Mailing Address 9655 S. Dixie Highway, #208

City Miami	State FL	Zip Code 33156
---------------	-------------	-------------------

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

Name of Employer Porter & Korvick, P.A.	Occupation attorney
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : C-291-01In03

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Alan Landman

Mailing Address 400 S. Riverside Drive

City Melbourne	State FL	Zip Code 32903
-------------------	-------------	-------------------

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

Name of Employer Alan Landman Law Office	Occupation attorney
---	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-294-01zS01

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jennifer L. Larson

Mailing Address 847 Tonkawa Road

City Orono	State MN	Zip Code 55356
---------------	-------------	-------------------

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

Name of Employer Vibrant Technologies	Occupation c.e.o.
--	----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : C-296-01s104

Amount of Each Receipt this Period
2700.00

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

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

4200.00

**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 21 OF 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jennifer L. Larson

Mailing Address 847 Tonkawa Road

City Orono State MN Zip Code 55356

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

Name of Employer Vibrant Technologies Occupation c.e.o.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : C-297-01s105

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Frederick J. Martin

Mailing Address 1005 Newfound Harbor Drive

City Merritt Island State FL Zip Code 32952

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : C-324-00YA0A

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Christine R. Merchant

Mailing Address 7299 Oak Cover Lane

City Noblesville State IN Zip Code 46062

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : C-339-020Y01

Amount of Each Receipt this Period
2700.00

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 22 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
C. Robert Merlliees

Mailing Address 1735 S. Shelter Trail

City Merritt Island State FL Zip Code 32952

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C-343-00Xy05

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Angelina C. Musorrafiti

Mailing Address 2300 Front Street, #200

City Melbourne State FL Zip Code 32901

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

Name of Employer EPS Corporation Occupation engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : C-363-021Q01

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gordon L. Nelson

Mailing Address P. O. Box 2366

City Melbourne State FL Zip Code 32902

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

Name of Employer Florida Institute of Technology Occupation professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2015

Transaction ID : C-369-00D108

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 23 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Sally C. Pearse

Mailing Address 1240 Coventry Lane

City State Zip Code
Vero Beach FL 32967

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-385-01zN01

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Frank S. Plata

Mailing Address P. O. Box 410426

City State Zip Code
Melbourne FL 32941

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

Name of Employer Occupation
Brandon Capital Investments civil engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-392-00XX05

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kenneth P. Revay

Mailing Address 312 Palm Court

City State Zip Code
Indialantic FL 32903

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : C-404-00iw05

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Chris C. Romandetti

Mailing Address 709 S. Harbor City Blvd., #250

City Melbourne	State FL	Zip Code 32901
-------------------	-------------	-------------------

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

Name of Employer First Choice Medical Group, LLC	Occupation manager
---	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : C-413-021A01

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Timothy R. Rupli

Mailing Address 6627 Holland Street

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer T. R. Rupli & Associates, Inc.	Occupation c.e.o.
--	----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : C-419-01zG01

Amount of Each Receipt this Period
150.00

* In-Kind-> facility rental

C. Full Name (Last, First, Middle Initial)
Timothy R. Rupli

Mailing Address 6627 Holland Street

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer T. R. Rupli & Associates, Inc.	Occupation c.e.o.
--	----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : C-420-01zG02

Amount of Each Receipt this Period
1000.00

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

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

2150.00

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

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

FOR LINE NUMBER: PAGE 25 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Deepti Sadhwani

Mailing Address 1840 Bayview Court

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Quality Health Care physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : C-421-01mt02

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Gerold L. Schiebler

Mailing Address 408 Beachside Place

City State Zip Code
Amelia Island FL 32034

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

Name of Employer Occupation
self-employed health care consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-430-00430B

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mahesh Shah

Mailing Address 402 Highpoint Drive

City State Zip Code
Cocoa FL 32926

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

Name of Employer Occupation
Southeast Petro Dist. president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : C-439-00AF07

Amount of Each Receipt this Period
500.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 26 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bernard W. Simpkins

Mailing Address 400 High Point Drive, #500

City State Zip Code
Cocoa FL 32926

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

Name of Employer Occupation
self-employed real estate developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C-444-00160J

Amount of Each Receipt this Period
2200.00

B. Full Name (Last, First, Middle Initial)
Bernard W. Simpkins

Mailing Address 400 High Point Drive, #500

City State Zip Code
Cocoa FL 32926

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

Name of Employer Occupation
self-employed real estate developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C-445-00160K

Amount of Each Receipt this Period
2200.00

C. Full Name (Last, First, Middle Initial)
Guy M. Spearman

Mailing Address 516 Delannoy Avenue

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
Spearman Management, Inc. president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-457-00AX08

Amount of Each Receipt this Period
1000.00

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

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

5400.00

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

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

FOR LINE NUMBER: PAGE 27 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Carmen N. Stork

Mailing Address 2900 59th Avenue

City State Zip Code
Vero Beach FL 32966

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : C-470-01SN07

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Carmen N. Stork

Mailing Address 2900 59th Avenue

City State Zip Code
Vero Beach FL 32966

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : C-471-01SN08

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Robert W. Stork

Mailing Address 2900 59th Avenue

City State Zip Code
Vero Beach FL 32966

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

Name of Employer Occupation
Communications International c.e.o.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C-472-01L506

Amount of Each Receipt this Period
2700.00

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 28 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert W. Stork

Mailing Address 2900 59th Avenue

City State Zip Code
Vero Beach FL 32966

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

Name of Employer Occupation
Communications International c.e.o.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C-473-01L507

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Linda L. Teetz

Mailing Address 1280 Olde Doubloon Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-481-00BF0F

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Emma Thurnau

Mailing Address 2109 Marryat Court

City State Zip Code
Charlotte NC 28211

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : C-486-020h01

Amount of Each Receipt this Period
2700.00

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
William R. Tolley

Mailing Address 4250 Pinewood Road

City Melbourne State FL Zip Code 32934

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

Name of Employer n/a Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C-489-00Gu04

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Nicholas F. Tsamoutales

Mailing Address 120 Malabar Road, S.E.

City Palm Bay State FL Zip Code 32907

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

Name of Employer City of Palm Bay Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C-494-01PO03

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Don E. Washkewicz

Mailing Address 7400 Rollingbrook Trail

City Solon State OH Zip Code 44139

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

Name of Employer Parker Hannifin Occupation chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : C-509-021201

Amount of Each Receipt this Period
 2700.00

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

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

4200.00

**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 79
	<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)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Don E. Washkewicz

Mailing Address 7400 Rollingbrook Trail

City Solon State OH Zip Code 44139

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

Name of Employer Parker Hannifin Occupation chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : C-510-021202

Amount of Each Receipt this Period
 300.00

Amount of Each Receipt this Period
 3000.00

B. Full Name (Last, First, Middle Initial)
Eli E. White

Mailing Address 724 Nicklaus Drive

City Melbourne State FL Zip Code 32940

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

Name of Employer self-employed Occupation dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-515-00F70I

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

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).....

550.00

107450.00

**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 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
American Academy of Ophthalmology PAC

Mailing Address 655 Beach Street

City San Francisco State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : C-9-00Jo0D

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Amer. Academy of Dermatology Assoc. PAC

Mailing Address 1445 New York Avenue, N.W., #800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : C-10-01ZF08

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave., N.W., #600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : C-13-00AR0J

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 32 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. American Bankers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Connecticut Ave., N.W., #600
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00004275
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : C-14-00AR0K
 Amount of Each Receipt this Period
 2000.00

B. American Financial Services Assoc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 18th Street, N.W.
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00038604
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : C-16-01GT0D
 Amount of Each Receipt this Period
 1000.00

C. ARDA ROC - PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 15th Street, N.W., #400
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00358663
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : C-17-00XH05
 Amount of Each Receipt this Period
 5000.00

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

8000.00

**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 33 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists PAC

Mailing Address 1061 American Lane

City State Zip Code
Schaumburg IL 60173

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : C-19-00AQ0F

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Assurant, Inc. PAC

Mailing Address 501 W. Michigan Street

City State Zip Code
Milwaukee WI 53203

FEC ID number of contributing federal political committee. **C C00185694**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : C-32-01Lf05

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CME Group, Inc. PAC

Mailing Address 20 S. Wacker Drive

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-85-01VO03

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 34 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union Natl. Assn.

Mailing Address 601 Pennsylvania Ave., N.W., #600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : C-87-00lp0Q

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Citizens United Political Victory Fund

Mailing Address 1006 Pennsylvania Avenue, S.E.

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00295527

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : C-106-01zH01

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Comcast Corporation & NBCUniversal PAC

Mailing Address 1701 J.F.K. Blvd., 49th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-119-00XB0B

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 35 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Covington and Burling, LLP PAC

Mailing Address 850 Tenth Street, N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : C-128-01MI04

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DRS Technologies PAC

Mailing Address 2345 Crystal Drive, #1000

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00275123**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : C-136-00Uf01

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Darden Restaurants Emp. Good Govt. Fund

Mailing Address 1000 Darden Center Drive

City Orlando State FL Zip Code 32837

FEC ID number of contributing federal political committee. **C C00108282**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-138-015V05

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: PAGE 36 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Depository Trust and Clearing Corp. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 Pennsylvania Avenue, N.W., #7
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C C00497917**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : C-152-01c902
 Amount of Each Receipt this Period
 1000.00

B. Eagle Forum PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 618
 City Alton State IL Zip Code 62002
 FEC ID number of contributing federal political committee. **C C00103937**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : C-165-01z802
 Amount of Each Receipt this Period
 1000.00

C. Employees of Northrop Grumman Corp. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2980 Fairview Park Drive
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C C00088591**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : C-169-00Ts0J
 Amount of Each Receipt this Period
 4000.00

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Ernst & Young PAC

Mailing Address 1101 New York Avenue, N.W.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : C-173-00iNOG

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
The Farm Credit Council PAC

Mailing Address 50 F Street, N.W., #900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : C-181-01zC01

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Fed. Bipartisan Vol. Public Affairs-PNC PAC

Mailing Address 249 Fifth Avenue, 21st Floor

City Pittsburgh State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C C00186064**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : C-182-01zD01

Amount of Each Receipt this Period
2000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Fifth Third BanCorp PAC

Mailing Address 550 E. Walnut Street

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00290502

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : C-186-01Mv03

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Friends of Mike H

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. **C** C00492231

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-195-01Tm05

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Friends of Mike H

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. **C** C00492231

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : C-196-01Tm06

Amount of Each Receipt this Period
 2000.00

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

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

5000.00

**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 39 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Harris Corporation PAC

Mailing Address 600 Maryland Avenue, S.W., #850E

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-229-001LOC

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
Harris Corporation PAC

Mailing Address 600 Maryland Avenue, S.W., #850E

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : C-230-001L0D

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
The Home Depot, Inc. PAC

Mailing Address 101 Constitution Ave., N.W., #800W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-244-00KX04

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 40 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Avenue, N.W., #50

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-245-00Mj0D

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address 1615 L Street, N.W., #900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : C-258-00qJ07

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Intl. Premium Cigar & Pipe Retailers PAC

Mailing Address 4 Bradley Park Court, #2H

City Columbus State GA Zip Code 31904

FEC ID number of contributing federal political committee. **C** C00450239

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : C-259-01EO09

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 41 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jobs, Economy and Budget Fund

Mailing Address P. O. Box 30844

City State Zip Code
Bethesda MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C-263-01k702

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Jones Walker, LLP PAC

Mailing Address 201 St. Charles Avenue, 49th Floor

City State Zip Code
New Orleans LA 70170

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-268-01Mu02

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lockheed Martin Corp. Employees' PAC

Mailing Address 2121 Crystal Drive, #100

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : C-309-00Th0N

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 42 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Natl. Assn. of Federal Credit Unions PAC

Mailing Address 3138 N. 10th Street

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C C00040659**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : C-366-018503

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address 1125 Executive Circle

City State Zip Code
Irving TX 75038

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : C-368-00HU09

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Oral & Maxillofacial Surgery PAC

Mailing Address 9700 W. Bryn Mawr Avenue

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C C00444968**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : C-376-01DD05

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: PAGE 43 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Orbital ATK, Inc. PAC

Mailing Address 1300 Wilson Blvd., #1100

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : C-377-021301

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Assn. PAC

Mailing Address 8700 W. Bryn Mawr Avenue, #1200S

City State Zip Code
Chicago IL 60631

FEC ID number of contributing federal political committee. **C C00066472**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : C-401-00XE0F

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Rockwell Collins, Inc. Employee PAC

Mailing Address 1300 Wilson Blvd., #200

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : C-410-00Us0K

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: PAGE 44 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

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

Mailing Address P. O. Box 7711

City State Zip Code
Arlington VA 22207

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : C-424-01zE01

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Specialty Equipment Market Assn. PAC

Mailing Address 1575 S. Valley Vista Drive

City State Zip Code
Diamond Bar CA 91765

FEC ID number of contributing federal political committee. **C C00389403**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C-458-00GL0B

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
U.S. Bancorp Federal Pol. Action Comm.

Mailing Address 950 F Street, N.W., #750

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00488882**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2015

Transaction ID : C-497-01zU01

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

66500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
236.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : C-46-004y1B

Amount of Each Receipt this Period
13.88

B. Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
236.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : C-47-004y1C

Amount of Each Receipt this Period
13.88

C. Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
236.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C-48-004y1D

Amount of Each Receipt this Period
13.43

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

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

41.19

41.19

**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 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 571.87
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 609.37
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 609.37
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1790.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 287.95 Transaction ID : D73-00WL1r
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement food & beverage/dues		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 1029.92 Transaction ID : D74-00WL1s
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement food & beverage		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 193.98 Transaction ID : D75-00WL1t
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement food & beverage/dues		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1511.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 417.75 Transaction ID : D76-00WL1u
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement food & beverage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 300 First Street, S.E.			Amount of Each Disbursement this Period 67.50 Transaction ID : D77-00WL1v
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement membership dues		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Card Services			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address P. O. Box 13337			Amount of Each Disbursement this Period 813.40 Transaction ID : D85-01qf0E
City Philadelphia	State PA	Zip Code 19110	
Purpose of Disbursement see memo entries		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1298.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 206.10
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D6-00Kv5N
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 141.10
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D7-00Kv5O
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 206.10
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D8-00Kv5P
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 101.10
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D9-00Kv5Q
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 2.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement travel	Transaction ID : D10-00Kv5R
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Card Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address P. O. Box 13337		Amount of Each Disbursement this Period 707.15
City Philadelphia	State PA	
Zip Code 19110	Purpose of Disbursement see memo entries	Transaction ID : D86-01qf0F
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	707.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Del Frisco's Double Eagle Steakhouse			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2015	
Mailing Address 950 I Street, N.W., #501			Amount of Each Disbursement this Period 238.55	
City Washington	State DC	Zip Code 20001	Transaction ID : D4-020m01	
Purpose of Disbursement food & beverage		Category/ Type	[MEMO ITEM] Credit Card Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. U.S. House of Representatives			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015	
Mailing Address Longworth Building			Amount of Each Disbursement this Period 63.80	
City Washington	State DC	Zip Code 20515	Transaction ID : D8-00Wb1G	
Purpose of Disbursement donor gifts		Category/ Type	[MEMO ITEM] Credit Card Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. US Airways			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015	
Mailing Address 7 Park Center			Amount of Each Disbursement this Period 2.00	
City Pittsburgh	State PA	Zip Code 15220	Transaction ID : D9-00Kv5K	
Purpose of Disbursement travel		Category/ Type	[MEMO ITEM] Credit Card Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 276.10
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement transportation	Transaction ID : D10-00Kv5L
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 2.00
City Pittsburgh	State PA	
Zip Code 15220	Purpose of Disbursement travel	Transaction ID : D11-00Kv5M
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Data Targeting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 3971.70
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D129-00GI1i
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3971.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 79		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Data Targeting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 4000.82
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D130-00GI1j
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Data Targeting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 3922.56
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D131-00GI1k
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Data Targeting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 6211 N.W. 132nd Street		Amount of Each Disbursement this Period 15992.86
City Gainesville	State FL	
Zip Code 32653	Purpose of Disbursement direct mail services	Transaction ID : D132-00GI1l
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23916.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Patrick D. Gavin		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 3210 Parkplace Court		Amount of Each Disbursement this Period 461.75 Transaction ID : D180-00GJ1E
City Melbourne State FL Zip Code 32934	Purpose of Disbursement salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Patrick D. Gavin		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 3210 Parkplace Court		Amount of Each Disbursement this Period 1036.58 Transaction ID : D181-00GJ1F
City Melbourne State FL Zip Code 32934	Purpose of Disbursement salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Patrick D. Gavin		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 3210 Parkplace Court		Amount of Each Disbursement this Period 461.75 Transaction ID : D182-00GJ1G
City Melbourne State FL Zip Code 32934	Purpose of Disbursement salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1960.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Patrick D. Gavin			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015		
Mailing Address 3210 Parkplace Court			Amount of Each Disbursement this Period 461.75		
City Melbourne	State FL	Zip Code 32934	Transaction ID : D183-00GJ1H		
Purpose of Disbursement salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Hammond & Associates			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015		
Mailing Address P. O. Box 368			Amount of Each Disbursement this Period 1000.00		
City Falls Church	State VA	Zip Code 22040	Transaction ID : D209-00Hh2j		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Hammond & Associates			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015		
Mailing Address P. O. Box 368			Amount of Each Disbursement this Period 599.21		
City Falls Church	State VA	Zip Code 22040	Transaction ID : D210-00Hh2k		
Purpose of Disbursement fundraising expenses		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2060.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Hammond & Associates			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015		
Mailing Address P. O. Box 368			Amount of Each Disbursement this Period 1000.00		
City Falls Church	State VA	Zip Code 22040	Transaction ID : D211-00Hh2I		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Hammond & Associates			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015		
Mailing Address P. O. Box 368			Amount of Each Disbursement this Period 1000.00		
City Falls Church	State VA	Zip Code 22040	Transaction ID : D212-00Hh2m		
Purpose of Disbursement fundraising consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Mail Stop & More			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015		
Mailing Address 6300 N. Wickham Road, #130			Amount of Each Disbursement this Period 44.26		
City Melbourne	State FL	Zip Code 32940	Transaction ID : D246-01Kh12		
Purpose of Disbursement delivery		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2044.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Mail Stop & More

Full Name (Last, First, Middle Initial)
Mailing Address 6300 N. Wickham Road, #130

City Melbourne State FL Zip Code 32940

Purpose of Disbursement delivery

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 89.45

Transaction ID : D247-01Kh13

B. Bill Posey

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement mileage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2015

Amount of Each Disbursement this Period: 93.15

Transaction ID : D294-00011s

c. Republican Club of Indian River County

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 146

City Vero Beach State FL Zip Code 32961

Purpose of Disbursement event sponsorship

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : D314-00lv0B

SUBTOTAL of Disbursements This Page (optional) 432.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Republican Liberty Caucus of Central E. FL		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address P. O. Box 361711		Amount of Each Disbursement this Period 140.00 Transaction ID : D321-01Kf06
City Melbourne	State FL	
Zip Code 32936	Purpose of Disbursement dinner tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Republican Liberty Caucus of Central E. FL		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address P. O. Box 361711		Amount of Each Disbursement this Period 125.00 Transaction ID : D322-01Kf07
City Melbourne	State FL	
Zip Code 32936	Purpose of Disbursement advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Republican Women's Federal Forum		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address P. O. Box 3571		Amount of Each Disbursement this Period 32.00 Transaction ID : D332-00Yi0Z
City Merrifield	State VA	
Zip Code 22116	Purpose of Disbursement luncheon ticket	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	297.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Amber Frisco Steigerwald			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015	
Mailing Address 3161 Brentwood Lane			Amount of Each Disbursement this Period 2398.51	
City Melbourne	State FL	Zip Code 32934	Transaction ID : D392-0180y	
Purpose of Disbursement salary		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) B. Amber Frisco Steigerwald			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015	
Mailing Address 3161 Brentwood Lane			Amount of Each Disbursement this Period 4972.33	
City Melbourne	State FL	Zip Code 32934	Transaction ID : D393-0180z	
Purpose of Disbursement salary		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) c. United States Treasury			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015	
Mailing Address P. O. Box 105083			Amount of Each Disbursement this Period 76.50	
City Atlanta	State GA	Zip Code 30348	Transaction ID : D524-00Uq1E	
Purpose of Disbursement payroll taxes		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7447.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address P. O. Box 105083		Amount of Each Disbursement this Period 1009.32
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P. O. Box 105083		Amount of Each Disbursement this Period 1767.71
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Visa		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 133.60
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement no itemization required	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2910.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Visa		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 277.42
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D564-00HS53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 137.46
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement office equipment	Transaction ID : D2-00IS1K
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Visa		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 91.19
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D565-00HS54
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	368.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement MM / DD / YYYY 06 / 02 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period \$ 55.00
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement email services	Category/Type	Transaction ID : D1-01vu0B
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period \$ 36.19
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement office supplies	Category/Type	Transaction ID : D2-00IS1J
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) C. Visa		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period \$ 417.68
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement see memo entries	Category/Type	Transaction ID : D566-00HS55
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 417.68
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Google			Date of Disbursement MM / DD / YYYY 06 / 02 / 2015
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period -----,-----,----- 30.00 Transaction ID : D1-01wY0A [MEMO ITEM] Credit Card Item
City Mountain View	State CA	Zip Code 94043	
Purpose of Disbursement email services	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Southern Photo			Date of Disbursement MM / DD / YYYY 05 / 26 / 2015
Mailing Address 125 E. Nasa Blvd.			Amount of Each Disbursement this Period -----,-----,----- 42.59 Transaction ID : D2-01yy02 [MEMO ITEM] Credit Card Item
City Melbourne	State FL	Zip Code 32901	
Purpose of Disbursement office equipment	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Staples			Date of Disbursement MM / DD / YYYY 06 / 09 / 2015
Mailing Address 500 Staples Drive			Amount of Each Disbursement this Period -----,-----,----- 198.09 Transaction ID : D3-00IS11 [MEMO ITEM] Credit Card Item
City Framingham	State MA	Zip Code 01702	
Purpose of Disbursement printing	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	-----,-----,----- 0.00
TOTAL This Period (last page this line number only)	-----,-----,-----

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 49.00
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : D4-004L6B
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 98.00
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement postage	Transaction ID : D5-004L6C
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Visa		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1302.99
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D567-00HS56
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1302.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Pacifico Cantina		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 514 8th Street, S.E.		Amount of Each Disbursement this Period 552.24
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement food & beverage	Transaction ID : D4-01zL01
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. Trattoria Alberto		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 506 8th Street, S.E.		Amount of Each Disbursement this Period 567.39
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement food & beverage	Transaction ID : D6-00mY08
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 18.00
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement gifts	Transaction ID : D7-00Wb1F
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Visa		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 2078.38
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D568-00HS57
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 176.55
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	Transaction ID : D1-00AS11
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Google		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 30.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement email services	Transaction ID : D3-01wY0B
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2078.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. HP Home & Office Store		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 3000 Hanover Street		Amount of Each Disbursement this Period 1717.35
City Palo Alto	State CA	
Zip Code 94304		[MEMO ITEM] Credit Card Item
Purpose of Disbursement office equipment		
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 70.27
City Boca Raton	State FL	
Zip Code 33496		[MEMO ITEM] Credit Card Item
Purpose of Disbursement office supplies		
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 4.34
City Melbourne	State FL	
Zip Code 32935		[MEMO ITEM] Credit Card Item
Purpose of Disbursement postage		
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Visa		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 231.83
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D569-00HS58
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 55.00
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement email services	Transaction ID : D1-01vu0C
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 35.35
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement office supplies	Transaction ID : D2-00lw2F
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	231.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 85.19
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement office supplies	Transaction ID : D3-00IS1L
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 3.04
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement office supplies	Transaction ID : D4-00IS1M
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Visa		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 61.94
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	Transaction ID : D570-00HS59
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	61.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 30.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement email services	Candidate Name	Transaction ID : D1-01wY0C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 31.94
City Boca Raton	State FL Zip Code 33496	
Purpose of Disbursement office supplies	Candidate Name	Transaction ID : D2-00lw2J
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) C. Visa		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 282.58
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement see memo entries	Candidate Name	Transaction ID : D571-00HS5A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	282.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Senate Gift Shop Warehouse		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address Hart Senate Building, SHB-01		Amount of Each Disbursement this Period 58.00
City Washington	State DC Zip Code 20510	
Purpose of Disbursement gifts	Candidate Name	Transaction ID : D4-01We04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) B. Senate Gift Shop Warehouse		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address Hart Senate Building, SHB-01		Amount of Each Disbursement this Period 57.75
City Washington	State DC Zip Code 20510	
Purpose of Disbursement gifts	Candidate Name	Transaction ID : D5-01We05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) C. U.S. House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 15.00
City Washington	State DC Zip Code 20515	
Purpose of Disbursement donor gifts	Candidate Name	Transaction ID : D6-00Wb1H
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. U.S. House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 30.00
City Washington	State DC Zip Code 20515	
Purpose of Disbursement donor gifts	Candidate Name	Transaction ID : D7-00Wb1I
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) B. U.S. House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 11.40
City Washington	State DC Zip Code 20515	
Purpose of Disbursement donor gifts	Candidate Name	Transaction ID : D8-00Wb1J
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

Full Name (Last, First, Middle Initial) C. U.S. House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 69.60
City Washington	State DC Zip Code 20515	
Purpose of Disbursement donor gifts	Candidate Name	Transaction ID : D9-00Wb1K
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Credit Card Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. U.S. House of Representatives			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address Longworth Building			Amount of Each Disbursement this Period 15.00
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement donor gifts		Category/Type	Transaction ID : D10-00Wb1L
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] Credit Card Item
State: District:			

Full Name (Last, First, Middle Initial) B. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 680 N. Apollo Blvd.			Amount of Each Disbursement this Period 2.91
City Melbourne	State FL	Zip Code 32935	
Purpose of Disbursement postage		Category/Type	Transaction ID : D11-004L6F
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] Credit Card Item
State: District:			

Full Name (Last, First, Middle Initial) c. Visa			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 1178.20
City Tampa	State FL	Zip Code 33630	
Purpose of Disbursement see memo entries		Category/Type	Transaction ID : D572-00HS5B
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1178.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Constant Contact			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015		
Mailing Address 1601 Trapelo Road			Amount of Each Disbursement this Period 55.00		
City Waltham	State MA	Zip Code 02451	Transaction ID : D1-01vu0D [MEMO ITEM] Credit Card Item		
Purpose of Disbursement email services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Green Turtle Market			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015		
Mailing Address 855 E. Eau Gallie Blvd.			Amount of Each Disbursement this Period 600.88		
City Indian Harbour Beach	State FL	Zip Code 32937	Transaction ID : D2-020j01 [MEMO ITEM] Credit Card Item		
Purpose of Disbursement catering		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Office Depot			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015		
Mailing Address 6600 N. Military Trail			Amount of Each Disbursement this Period 64.96		
City Boca Raton	State FL	Zip Code 33496	Transaction ID : D4-00lw2G [MEMO ITEM] Credit Card Item		
Purpose of Disbursement office supplies		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 242.82
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement printing	Transaction ID : D5-00lw2H
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 6600 N. Military Trail		Amount of Each Disbursement this Period 93.50
City Boca Raton	State FL	
Zip Code 33496	Purpose of Disbursement office supplies	Transaction ID : D6-00lw2I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Publix Super Markets, Inc.		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 3300 Publix Corporate Parkway		Amount of Each Disbursement this Period 19.35
City Lakeland	State FL	
Zip Code 33811	Purpose of Disbursement food & beverage	Transaction ID : D7-00N10Z
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Publix Super Markets, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015
Mailing Address 3300 Publix Corporate Parkway		Amount of Each Disbursement this Period 29.35
City Lakeland	State FL	
Zip Code 33811	Purpose of Disbursement food & beverage	Transaction ID : D8-00N10a
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 680 N. Apollo Blvd.		Amount of Each Disbursement this Period 9.00
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement p.o. box keys	Transaction ID : D9-004L6E
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) c. Robert Watkins & Company		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 2500.00
City Tampa	State FL	
Zip Code 33606	Purpose of Disbursement accounting services	Transaction ID : D598-001H1e
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Robert Watkins & Company			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 2500.00	
City Tampa	State FL	Zip Code 33606	Transaction ID : D599-001H1f	
Purpose of Disbursement accounting services		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Robert Watkins & Company			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015	
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 2500.00	
City Tampa	State FL	Zip Code 33606	Transaction ID : D600-001H1g	
Purpose of Disbursement accounting services		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. eDonations.com			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015	
Mailing Address 117 N. Saint Asaph Street			Amount of Each Disbursement this Period 632.91	
City Alexandria	State VA	Zip Code 22314	Transaction ID : D615-00G31Q	
Purpose of Disbursement online fundraising		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5632.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. eDonations.com		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 634.07
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement online fundraising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. eDonations.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 750.04
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement online fundraising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1384.11
TOTAL This Period (last page this line number only).....	65788.30

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

Full Name (Last, First, Middle Initial) A. Natl. Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 320 First Street, S.E.		Amount of Each Disbursement this Period 6,000.00 Transaction ID : D264-00Ks0L
City Washington State DC Zip Code 20003	Purpose of Disbursement excess funds	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Poliquin for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address P. O. Box 50		Amount of Each Disbursement this Period 1,000.00 Transaction ID : D290-021701
City Oakland State ME Zip Code 04963	Purpose of Disbursement contribution	
Candidate Name Bruce Poliquin	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

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

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	6000.00