

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO BOX 1034 TALLAHASSEE FL 32302

2. FEC IDENTIFICATION NUMBER C C00582312 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 08 / 11 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dupree, Abby, , , Type or Print Name of Treasurer

Signature of Treasurer Dupree, Abby, , , [Electronically Filed] Date 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**NORTH FLORIDA NEIGHBORS**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="17603.84"/>	<input type="text" value="17603.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="133036.33"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="178850.00"/>	<input type="text" value="763229.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="311886.33"/>	<input type="text" value="780833.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="235335.86"/>	<input type="text" value="704283.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76550.47"/>	<input type="text" value="76550.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

NORTH FLORIDA NEIGHBORS

Report Covering the Period: From: 08 / 11 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	163650.00	367650.00
(ii) Unitemized .....	0.00	65.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	163650.00	367715.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15200.00	395514.85
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	178850.00	763229.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	178850.00	763229.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	178850.00	763229.85

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	84025.05	142437.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	84025.05	142437.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	151310.81	561845.86
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	235335.86	704283.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	235335.86	704283.22

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	178850.00	763229.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	178850.00	763229.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	84025.05	142437.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	84025.05	142437.36

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**NORTH FLORIDA NEIGHBORS**

**A. 719 Eisenhower Drive Limited**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Front St Ste. 107

City Key West	State FL	Zip Code 33040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2016

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
600.00

Memo Item

**B. Ballard, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7067 Veterans Pkwy

City Pell City	State AL	Zip Code 35125
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
 Ballard Pain & Wellness Inc. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2016

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Bense, Allan, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1405 W Beach Drive

City Panama City	State FL	Zip Code 32401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
 Bense Enterprises Chairman

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2016

**Transaction ID : SA11AI.4302**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

**A. Freeport Communications, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1735  
 City Destin State FL Zip Code 32540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 08 / 16 / 2016  
**Transaction ID : SA11AI.4304**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**B. Gulf World Marine park**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15412 Front Beach Road  
 City Panama City Beach State FL Zip Code 32413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : SA11AI.4370**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kedrick Cherry, Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2605 Thomas Drive Ste. 150  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 16 / 2016  
**Transaction ID : SA11AI.4306**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	151000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

**A. Key West Hand Print Fabrics, LTD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Front St StE. 107  
 City Key West State FL Zip Code 33040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : SA11AI.4360**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Sobel & Sofman MD PA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4340 Sheridan St Ste. 101  
 City Hollywood State FL Zip Code 33021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : SA11AI.4300**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. The Heliteam, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 616 Calvin Avenue  
 City Orlando State FL Zip Code 32803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : SA11AI.4358**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 4300.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 9 OF 25  
(check only one)

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Vertol Systems Company Inc

Mailing Address 25-6 NW 23rd Place 261

City Portland	State OR	Zip Code 97210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	163650.00

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

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

FOR LINE NUMBER: PAGE 10 OF 25  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

**A. RIGHT WAY SUPERPAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 27  
 City ALEXANDRIA State VA Zip Code 22313  
 FEC ID number of contributing federal political committee. **C** C00620138  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016  
**Transaction ID : SA11C.4335**  
 Amount of Each Receipt this Period  
 15200.00  
 Memo Item

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

**A. Carroll and Company CPAs**

Full Name (Last, First, Middle Initial)  
Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 23 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.4378  
Amount of Each Disbursement this Period: 2325.00

Memo Item

**B. Carroll and Company CPAs**

Full Name (Last, First, Middle Initial)  
Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.4367  
Amount of Each Disbursement this Period: 1950.00

Memo Item

**C. Carroll and Company CPAs**

Full Name (Last, First, Middle Initial)  
Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.4376  
Amount of Each Disbursement this Period: 625.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4900.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

**A. Clark Hill PLC**

Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW Ste. 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4357

Amount of Each Disbursement this Period: 5061.00

Memo Item

**B. Coates Law Firm, PL**

Full Name (Last, First, Middle Initial)

Mailing Address 115 E Park Ave Ste. 1

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4368

Amount of Each Disbursement this Period: 281.25

Memo Item

**C. Florida Finance Strategies, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 111-B East College Ave

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period: 4400.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9742.25

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

**A. i360, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 37046

City Baltimore State MD Zip Code 21297

Purpose of Disbursement Database Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4366**

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. i360, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 37046

City Baltimore State MD Zip Code 21297

Purpose of Disbursement Database Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4377**

Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. K Ballard Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address 1700 N Monroe St STe. 11-107

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 19 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4333**

Amount of Each Disbursement this Period: 26280.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30280.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**NORTH FLORIDA NEIGHBORS**

Full Name (Last, First, Middle Initial) <b>A. Scott Howell &amp; Company</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016
Mailing Address 3900 Willow Street Ste. 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4330</b> Amount of Each Disbursement this Period 5940.00
City Dallas	State TX	Zip Code 75226
Purpose of Disbursement Digital Services and Shipping		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Strategic Digital Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 1700 N Monroe St Ste 11-111		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4365</b> Amount of Each Disbursement this Period 23610.00
City Tallahassee	State FL	Zip Code 32303
Purpose of Disbursement Website and Digital Media Services		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Strategic Direction.com, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016
Mailing Address PO Box 795		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4334</b> Amount of Each Disbursement this Period 2463.29
City Tallahassee	State FL	Zip Code 32302
Purpose of Disbursement Research		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32013.29
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NORTH FLORIDA NEIGHBORS**

Full Name (Last, First, Middle Initial)

**A. Strategic Direction.com, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

Mailing Address PO Box 795

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4356**  
 Amount of Each Disbursement this Period  
 [ ] 6290.66

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement  
Research

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		18		2016

Mailing Address 3522 Thomasville Road

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4350**  
 Amount of Each Disbursement this Period  
 [ ] 115.00

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement  
Service Charge

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

Mailing Address 3522 Thomasville Road

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4379**  
 Amount of Each Disbursement this Period  
 [ ] 84.50

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement  
Service Charge

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

[ ] 6490.16  
 [ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**NORTH FLORIDA NEIGHBORS**

Full Name (Last, First, Middle Initial)

**A. WebElect.Net**

Mailing Address 1256 Vinetree Drive

City Brandon State FL Zip Code 33510

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4289**  
Amount of Each Disbursement this Period  
550.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

550.00  
83975.70



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span>    C00582312       </div>
---	--

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Frame LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 16 / 2016</span>
Mailing Address 4500 W Shannon Lakes Dr Ste 1			Amount <span style="border: 1px solid black; padding: 2px;">5250.00</span>
City Tallahassee	State FL	Zip Code 32309	
Purpose of Expenditure Advertising		Category/Type <span style="border: 1px solid black; padding: 2px;">  </span>	Transaction ID : <b>SE.4309</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 17 / 2016</span>
Name of Federal Candidate: GAETZ, MATT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">423427.15</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Scott Howell &amp; Company</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 18 / 2016</span>
Mailing Address 3900 Willow Street Ste. 200			Amount <span style="border: 1px solid black; padding: 2px;">3035.00</span>
City Dallas	State TX	Zip Code 75226	
Purpose of Expenditure Media Production		Category/Type <span style="border: 1px solid black; padding: 2px;">  </span>	Transaction ID : <b>SE.4322</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 19 / 2016</span>
Name of Federal Candidate: GAETZ, MATT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">427820.40</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">8285.00</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">  </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">  </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

*[Electronically Filed]*

Date

10 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00582312                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Scott Howell &amp; Company</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016		
Mailing Address 3900 Willow Street Ste. 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  10300.00             </div>		
City Dallas	State TX	Zip Code 75226			
Purpose of Expenditure Media Production		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.4325</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016		
Name of Federal Candidate: GAETZ, MATT, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">438120.40</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Scott Howell &amp; Company</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016		
Mailing Address 3900 Willow Street Ste. 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  24336.75             </div>		
City Dallas	State TX	Zip Code 75226			
Purpose of Expenditure Media Buy		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.4343</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016		
Name of Federal Candidate: GAETZ, MATT, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">462457.15</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  34636.75             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  00000.00             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  34636.75             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00582312                 </div>
---	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Scott Howell &amp; Company</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016	
Mailing Address 3900 Willow Street Ste. 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      3031.05                 </div>	
City Dallas	State TX		
Purpose of Expenditure Media Buy		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: GAETZ, MATT, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      465488.20                 </div>			

Full Name of Payee <input type="checkbox"/> Memo Item <b>Southeast Strategic Communications LLC</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016	
Mailing Address 931 Monroe Dr Ste. 102 #318		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      24349.00                 </div>	
City Atlanta	State GA		
Purpose of Expenditure Direct Mail		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: THOMAS, MARY, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      42623.08                 </div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      27380.05                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      0.00                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      27380.05                 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 10 / 14 / 2016  
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS
FEC IDENTIFICATION NUMBER
C C00582312

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Southeast Strategic Communications LLC
Mailing Address
931 Monroe Dr Ste. 102 #318
City
Atlanta State
GA Zip Code
30308
Purpose of Expenditure
Direct Mail Category/
Type
Date of Public Distribution/Dissemination
08 / 20 / 2016
Amount
13663.94
Transaction ID : SE.4327
Date of Disbursement or Obligation
08 / 19 / 2016

Name of Federal Candidate:
THOMAS, MARY, , ,
Support Oppose
Office Sought:
House District: 02
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
57451.67
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Southeast Strategic Communications LLC
Mailing Address
931 Monroe Dr Ste. 102 #318
City
Atlanta State
GA Zip Code
30308
Purpose of Expenditure
Direct Mail Category/
Type
Date of Public Distribution/Dissemination
08 / 23 / 2016
Amount
18381.38
Transaction ID : SE.4337
Date of Disbursement or Obligation
08 / 24 / 2016

Name of Federal Candidate:
THOMAS, MARY, , ,
Support Oppose
Office Sought:
House District: 02
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
75833.05
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
32045.32
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

[Electronically Filed]

Date

10 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00582312
---	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Digital Services, Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 12 / 2016	
Mailing Address 1700 N Monroe St Ste 11-111		Amount 10000.00	
City Tallahassee	State FL	Zip Code 32303	<b>Transaction ID : SE.4287</b>
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 12 / 2016
Name of Federal Candidate: THOMAS, MARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		18274.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Digital Services, Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 16 / 2016	
Mailing Address 1700 N Monroe St Ste 11-111		Amount 15000.00	
City Tallahassee	State FL	Zip Code 32303	<b>Transaction ID : SE.4308</b>
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 17 / 2016
Name of Federal Candidate: GAETZ, MATT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		418177.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶ 25000.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶
(a) <b>TOTAL</b> Independent Expenditures .....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00582312                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Direction.com, Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016		
Mailing Address <b>PO Box 795</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      323.33                 </div>		
City Tallahassee	State FL	Zip Code 32302			
Purpose of Expenditure Telephone Calls		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.4282</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016		
Name of Federal Candidate: DUNN, NEAL, PATRICK, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>02</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; float: right;">8274.08</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Direction.com, Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016		
Mailing Address <b>PO Box 795</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      592.85                 </div>		
City Tallahassee	State FL	Zip Code 32302			
Purpose of Expenditure Telephone Calls		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE.4283</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016		
Name of Federal Candidate: GAETZ, MATT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; float: right;">403177.15</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                  916.18             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                  000.00             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                  916.18             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00582312</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Direction.com, Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016		
Mailing Address <b>PO Box 795</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1164.65</div>		
City Tallahassee	State FL	Zip Code 32302			
Purpose of Expenditure Telephone Calls		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE.4316</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016		
Name of Federal Candidate: DUNN, NEAL, PATRICK, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>02</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">43787.73</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Direction.com, Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016		
Mailing Address <b>PO Box 795</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1358.25</div>		
City Tallahassee	State FL	Zip Code 32302			
Purpose of Expenditure Telephone Calls		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE.4317</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016		
Name of Federal Candidate: GAETZ, MATT, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">424785.40</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2522.90</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NORTH FLORIDA NEIGHBORS
FEC IDENTIFICATION NUMBER
C C00582312

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Strategic Direction.com, Inc.
Mailing Address: PO Box 795
City: Tallahassee, State: FL, Zip Code: 32302
Purpose of Expenditure: Telephone Calls
Category/Type:
Name of Federal Candidate: THOMAS, MARY, , ,
Office Sought: House, District: 02, State: FL
Disbursement For: Primary
Amount: 1175.91
Transaction ID: SE.4351
Date of Disbursement or Obligation: 08/29/2016
Calendar Year-To-Date Per Election for Office Sought: 92209.06

Full Name of Payee: Strategic Direction.com, Inc.
Mailing Address: PO Box 795
City: Tallahassee, State: FL, Zip Code: 32302
Purpose of Expenditure: Telephone Calls
Category/Type:
Name of Federal Candidate: THOMAS, MARY, , ,
Office Sought: House, District: 02, State: FL
Disbursement For: Primary
Amount: 3540.45
Transaction ID: SE.4354
Date of Disbursement or Obligation: 08/29/2016
Calendar Year-To-Date Per Election for Office Sought: 95749.51

(a) SUBTOTAL of Itemized Independent Expenditures: 4716.36
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) TOTAL Independent Expenditures:

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

[Electronically Filed]

Date

10 / 14 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NORTH FLORIDA NEIGHBORS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00582312                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Direction.com, Inc.</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 29 / 2016			
Mailing Address <b>PO Box 795</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">608.15</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Tallahassee</td> <td style="width:17%; padding: 2px;">State FL</td> <td style="width:50%; padding: 2px;">Zip Code 32302</td> </tr> </table>		City Tallahassee	State FL	Zip Code 32302
City Tallahassee		State FL	Zip Code 32302	
Purpose of Expenditure Telephone Calls				
Name of Federal Candidate: DUNN, NEAL, PATRICK, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
96357.66				

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Stoneridge Group, LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016			
Mailing Address <b>4400 North Point Pkwy Ste. 190</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15200.10</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Alpharetta</td> <td style="width:17%; padding: 2px;">State GA</td> <td style="width:50%; padding: 2px;">Zip Code 30022</td> </tr> </table>		City Alpharetta	State GA	Zip Code 30022
City Alpharetta		State GA	Zip Code 30022	
Purpose of Expenditure Direct Mail				
Name of Federal Candidate: THOMAS, MARY, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
91033.15				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">15808.25</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">151310.81</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dupree, Abby, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature