

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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)).... | 165371.00 | 208505.00 |
| (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))..... | 165371.00 | 208505.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 43365.69 | 204544.78 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 25.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 43365.69 | 204519.78 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 422326.70 | |
| 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 05/2016)

Write or Type Committee Name

Friends of Bill Posey

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

| 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)..... | 115095.00 | 122895.00 |
| (ii) Unitemized | 3521.00 | 3855.00 |
| (iii) TOTAL of contributions from individuals | 118616.00 | 126750.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 46755.00 | 81755.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 165371.00 | 208505.00 |
| 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 | 25.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 291.66 | 812.17 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 165662.66 | 209342.17 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 43365.69 | 204544.78 |
| 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 | 12000.00 | 13000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 55365.69 | 217544.78 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 312029.73 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 165662.66 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 477692.39 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 55365.69 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 422326.70 |

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

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

FOR LINE NUMBER: PAGE 5 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Adovasio, Daniel J., , ,

Mailing Address 5 Riverview Lane

City: Cocoa Beach State: FL Zip Code: 32931

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

Name of Employer: State Farm Occupation: insurance agent

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : **C-4-01TL06**

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2019

Transaction ID : **C-11-00Ry09**

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bertman, Lee A., , ,

Mailing Address 9195 Spring Time Drive

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : **C-24-01L305**

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 3300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 83
(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)
Bertman, Suzanne E., , ,

Mailing Address 9195 Spring Time Drive

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 26 / 2019

Transaction ID : **C-25-01L405**

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Brackett, Robert A., , ,

Mailing Address P.O. Box 5317

City: Vero Beach State: FL Zip Code: 32960

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

Name of Employer: Vero Beach City Council Occupation: councilman

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 26 / 2019

Transaction ID : **C-30-02RF01**

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bronson, Brenda, , ,

Mailing Address 1620 S. Lyndell Drive

City: Kissimmee State: FL Zip Code: 34741

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2700.00

Date of Receipt: 05 / 20 / 2019

Transaction ID : **C-31-003F0A**

Amount of Each Receipt this Period: 2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3950.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 83
(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)
Brown, Carole B., , ,

Mailing Address 20 Spring Street

City Stamford State CT Zip Code 06901

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

Name of Employer n/a Occupation retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019

Transaction ID : C-32-00L90G

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Campbell, Perian M., , ,

Mailing Address 5300 Lovett Drive

City Merritt Island State FL Zip Code 32953

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

Name of Employer Southeast Staffing Occupation vice-president

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2019

Transaction ID : C-38-00I605

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 1802 Fiske Blvd., #101

City Rockledge State FL Zip Code 32955

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

Name of Employer Remi Properties, Inc. Occupation property investments

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2019

Transaction ID : C-39-005R0M

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

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

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

_____ 5050.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 83
(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)
Coppola, Nicholas, , ,

Mailing Address 2055 Spring Place

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: Mental Health Assoc. in Indian River Occupation: healthcare exec.

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : **C-43-02RJ01**

Amount of Each Receipt this Period
 2800.00

Memo Item

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

Mailing Address 2055 Spring Place

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: Mental Health Assoc. in Indian River Occupation: healthcare exec.

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : **C-44-02RJ02**

Amount of Each Receipt this Period
 2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Corr, Carol M., , ,

Mailing Address 3001 Ocean Drive, #203

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: homemaker

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : **C-45-01M103**

Amount of Each Receipt this Period
 2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8400.00

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

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

| | | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 9 OF 83 |
| | <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)
Corr, Thomas L., , ,

Mailing Address 3001 Ocean Drive, #203

| | | |
|--------------------|-------------|-------------------|
| City Vero Beach | State FL | Zip Code 32963 |
|--------------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer George E. Warren Corp. | Occupation petroleum exec. |
|--|-------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____, _____, _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : C-46-00Nk0C

Amount of Each Receipt this Period
 _____, _____, _____ 2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cowles, Steven, , ,

Mailing Address 601 N. Fairfax Street, #317

| | | |
|--------------------|-------------|-------------------|
| City Alexandria | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

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

| | |
|---|------------------------------|
| Name of Employer Cowles Parkway Ford, Inc. | Occupation car dealership |
|---|------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____, _____, _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : C-47-02RK01

Amount of Each Receipt this Period
 _____, _____, _____ 250.00

Memo Item
 Earmarked-> House Freedom rcvd. 032619

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

Mailing Address 150 Riverside Drive

| | | |
|-------------------------|-------------|-------------------|
| City Melbourne Beach | State FL | Zip Code 32951 |
|-------------------------|-------------|-------------------|

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

| | |
|-------------------------|-------------------------|
| Name of Employer n/a | Occupation homemaker |
|-------------------------|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____, _____, _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2019

Transaction ID : C-48-00Ke01

Amount of Each Receipt this Period
 _____, _____, _____ 500.00

Memo Item

| | |
|---|-------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ , _____ , _____ 3550.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ , _____ , _____ |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 83
(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)
Cronin, Terrence A., , ,

Mailing Address 150 Riverside Drive

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer self-employed Occupation physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2019

Transaction ID : **C-49-00qF07**

Amount of Each Receipt this Period
500.00

Memo Item

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

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 Deardoff Automotive Group Occupation auto dealer

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2019

Transaction ID : **C-56-00MA0D**

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 815 Sanderling Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer Brevard Learning Clinic Occupation health care

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2019

Transaction ID : **C-57-01Rz02**

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 83
(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)
Dibella, Robert P., , ,

Mailing Address 989 Long Meadow Lane

City Melbourne State FL Zip Code 32940

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

Name of Employer Omni Resource Group Occupation financial advisor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : **C-59-01TX03**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dwyer, John, , ,

Mailing Address 405 Atlantic Street

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer Capital Funding Group, Inc. Occupation president

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2019

Transaction ID : **C-62-02NU02**

Amount of Each Receipt this Period
2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dwyer, John, , ,

Mailing Address 405 Atlantic Street

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer Capital Funding Group, Inc. Occupation president

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2019

Transaction ID : **C-63-02NU03**

Amount of Each Receipt this Period
2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 12 OF 83 | |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Dwyer, Nancy, , ,

Mailing Address 405 Atlantic Street

| | | |
|-------------------------|-------------|-------------------|
| City Melbourne Beach | State FL | Zip Code 32951 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer self-employed | Occupation attorney |
|-----------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 26 / 2019 |

Transaction ID : C-64-02NT02

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dwyer, Nancy, , ,

Mailing Address 405 Atlantic Street

| | | |
|-------------------------|-------------|-------------------|
| City Melbourne Beach | State FL | Zip Code 32951 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer self-employed | Occupation attorney |
|-----------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 26 / 2019 |

Transaction ID : C-65-02NT03

Amount of Each Receipt this Period
2800.00

Memo Item

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

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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 20 / 2019 |

Transaction ID : C-70-00Fc0L

Amount of Each Receipt this Period
2800.00

Memo Item

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

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

8400.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 OF 83
(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)
Eubank, Michael J., , ,

Mailing Address 5409 Robles Lane

City: Rockledge State: FL Zip Code: 32955

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

Name of Employer: Carroll Distributing Company Occupation: president

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
2800.00

Date of Receipt
06 / 28 / 2019

Transaction ID : **C-71-005Y0I**

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ferrell, William B., , ,

Mailing Address 12546 N. Highway A1A

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: Ferrell Real Estate Enterprises Occupation: realtor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
445.00

Date of Receipt
04 / 26 / 2019

Transaction ID : **C-73-002G0J**

Amount of Each Receipt this Period
75.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ferrell, William B., , ,

Mailing Address 12546 N. Highway A1A

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: Ferrell Real Estate Enterprises Occupation: realtor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
445.00

Date of Receipt
05 / 28 / 2019

Transaction ID : **C-74-002G0K**

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3175.00

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 83 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Ferrell, William B., ,

Mailing Address 12546 N. Highway A1A

| | | |
|--------------------|-------------|-------------------|
| City Vero Beach | State FL | Zip Code 32963 |
|--------------------|-------------|-------------------|

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

| | |
|---|-----------------------|
| Name of Employer Ferrell Real Estate Enterprises | Occupation realtor |
|---|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 445.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : C-75-002G0L

Amount of Each Receipt this Period
 _____ 70.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Finley, Joseph A., ,

Mailing Address 9892 Riverview Drive

| | | |
|---------------|-------------|-------------------|
| City Micco | State FL | Zip Code 32976 |
|---------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation retired |
|-------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2019

Transaction ID : C-76-021k03

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Fox, Thomas G., ,

Mailing Address 895 Chatsworth Drive

| | | |
|-------------------|-------------|-------------------|
| 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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : C-78-02Rd01

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 1070.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

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

FOR LINE NUMBER: PAGE 15 OF 83
(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)
Fraze, Norma J., , ,

Mailing Address 2860 Rocky Point Road

City Malabar State FL Zip Code 32950

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

Name of Employer Fraze Investments, Ltd. Occupation executive

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 28 / 2019

Transaction ID : **C-81-01Js05**

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Friesell, William H., , ,

Mailing Address 4725 Pebble Bay Circle

City Vero Beach State FL Zip Code 32963

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

Name of Employer n/a Occupation retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 15 / 2019

Transaction ID : **C-82-023A03**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 722 Loggerhead Island Drive

City Indian Harbour Beach State FL Zip Code 32937

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

Name of Employer Tensor Engineering Occupation president

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 28 / 2019

Transaction ID : **C-83-00Rx0G**

Amount of Each Receipt this Period
2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5850.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 83
(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)
Gatti, Walter J., , ,
 Mailing Address 722 Loggerhead Island Drive
 City Indian Harbour Beach State FL Zip Code 32937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tensor Engineering Occupation president
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : C-84-00Rx0H
 Amount of Each Receipt this Period
 2800.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Green, Dennis A., , ,
 Mailing Address 1045 21st Court
 City Vero Beach State FL Zip Code 32960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2019
Transaction ID : C-86-02N302
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Green, Donna R., , ,
 Mailing Address 1045 21st Court
 City Vero Beach State FL Zip Code 32960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2019
Transaction ID : C-87-02Kp03
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 83
(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)
Hill, Elizabeth C., , ,
 Mailing Address 685 Lake Drive
 City Vero Beach State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Hill Group, Inc. Occupation general contractor
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : C-91-00Wy06
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Houser, Charlotte H., , ,
 Mailing Address 4235 Randon Lane
 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: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2019
Transaction ID : C-102-00it06
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Kreuzkamp, Steven E., , ,
 Mailing Address P. O. Box 33673
 City Indialantic State FL Zip Code 32903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2019
Transaction ID : C-117-01th06
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 18 OF 83
(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)
Luke, William D., , ,

Mailing Address 2030 Club Drive

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 23 / 2019

Transaction ID : **C-124-00vL07**

Amount of Each Receipt this Period: 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Luthra, Venu, , ,

Mailing Address 4810 Honeyridge Lane

City: Merritt Island State: FL Zip Code: 32952

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

Name of Employer: self-employed Occupation: physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 22 / 2019

Transaction ID : **C-125-02Re01**

Amount of Each Receipt this Period: 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
McCrystal, Hugh K., , ,

Mailing Address 511 Bay Drive

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 26 / 2019

Transaction ID : **C-128-00Ln05**

Amount of Each Receipt this Period: 500.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 83
(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)
McNabb, Garry, , ,
 Mailing Address 1211 Bill Smith Road
 City Cookeville State TN Zip Code 38501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cash Express, LLC Occupation financial svcs. exec.
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : C-132-02RB01
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Merrilees, Beverly D., , ,
 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: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2019
Transaction ID : C-135-005W01
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Messersmith, Alicia B.H., , ,
 Mailing Address 4315 Randon Lane
 City Merritt Island State FL Zip Code 32952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation homemaker
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019
Transaction ID : C-136-01z603
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 20 OF 83 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Nance, James H., , ,

Mailing Address 525 N. Harbor City Blvd.

| | | |
|-------------------|-------------|-------------------|
| City Melbourne | State FL | Zip Code 32935 |
|-------------------|-------------|-------------------|

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

| | |
|--------------------------------------|------------------------|
| Name of Employer Nance Cacciatore | Occupation attorney |
|--------------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 20 / 2019 |

Transaction ID : C-142-00qa03

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Pieloch, Mark J., , ,

Mailing Address 10 Beachside Drive, #301

| | | |
|----------------|-------------|-------------------|
| City Orchid | State FL | Zip Code 32963 |
|----------------|-------------|-------------------|

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

| | |
|------------------------------|--------------------------|
| Name of Employer PF, Inc. | Occupation pharmacist |
|------------------------------|--------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 26 / 2019 |

Transaction ID : C-152-02Db03

Amount of Each Receipt this Period
2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Pieloch, Mark J., , ,

Mailing Address 10 Beachside Drive, #301

| | | |
|----------------|-------------|-------------------|
| City Orchid | State FL | Zip Code 32963 |
|----------------|-------------|-------------------|

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

| | |
|------------------------------|--------------------------|
| Name of Employer PF, Inc. | Occupation pharmacist |
|------------------------------|--------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 28 / 2019 |

Transaction ID : C-153-02Db04

Amount of Each Receipt this Period
2800.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6600.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: (check only one)
 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)
Pieloch, Tetiana, , ,
 Mailing Address 10 Beachside Drive, #301
 City Orchid State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation homemaker
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019
Transaction ID : C-154-02Dc03
 Amount of Each Receipt this Period
 2800.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Pieloch, Tetiana, , ,
 Mailing Address 10 Beachside Drive, #301
 City Orchid State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation homemaker
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019
Transaction ID : C-155-02Dc04
 Amount of Each Receipt this Period
 2800.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Plata, Frank S., , ,
 Mailing Address P. O. Box 410426
 City Melbourne State FL Zip Code 32941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brandon Capital Investments Occupation civil engineer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019
Transaction ID : C-156-00XX0B
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

5850.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 22 OF 83 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Podnos, Steven D., , ,

Mailing Address 405 Sims Way

| | | |
|------------------------|-------------|-------------------|
| City Merritt Island | State FL | Zip Code 32952 |
|------------------------|-------------|-------------------|

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

| | |
|-------------------------------------|---------------------------------|
| Name of Employer WealthCare, LLC | Occupation financial planner |
|-------------------------------------|---------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : C-157-000601

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Poppell, L. Ralph, , ,

Mailing Address 525 34th Avenue. S.W.

| | | |
|--------------------|-------------|-------------------|
| City Vero Beach | State FL | Zip Code 32968 |
|--------------------|-------------|-------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer Float-On Corp. | Occupation president |
|------------------------------------|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : C-158-00U005

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Potter, Dennis, , ,

Mailing Address 6503 Brookes Hill Court

| | | |
|------------------|-------------|-------------------|
| City Bethesda | State MD | Zip Code 20816 |
|------------------|-------------|-------------------|

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

| | |
|------------------------------------|-------------------------------|
| Name of Employer K&L Gates, LLP | Occupation govt. relations |
|------------------------------------|-------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2019

Transaction ID : C-159-02CK02

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 23 OF 83
(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)
Powshok, Andrew W., , ,

Mailing Address 3460 Heild Road

City West Melbourne State FL Zip Code 32904

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

Name of Employer AAL Land Surveying Services Occupation land surveyor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : **C-160-01EG05**

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 321 Palmetto Point

City Vero Beach State FL Zip Code 32963

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

Name of Employer n/a Occupation retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2019

Transaction ID : **C-162-014508**

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sadhvani, Deepti, , ,

Mailing Address 1840 Bayview Court

City Vero Beach State FL Zip Code 32963

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

Name of Employer Quality Health Care Occupation physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : **C-165-01mt07**

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 24 OF 83 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
Sansom, Dixie, , ,

Mailing Address P. O. Box 98

| | | |
|---------------|-------------|-------------------|
| City Cocoa | State FL | Zip Code 32923 |
|---------------|-------------|-------------------|

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

| | |
|---|--------------------------|
| Name of Employer Dixie Sansom Consulting | Occupation consultant |
|---|--------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 28 / 2019 |

Transaction ID : C-167-00YG05

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sansom, Jerry H., , ,

Mailing Address P. O. Box 98

| | | |
|---------------|-------------|-------------------|
| City Cocoa | State FL | Zip Code 32923 |
|---------------|-------------|-------------------|

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

| | |
|-----------------------------------|-------------------------------|
| Name of Employer self-employed | Occupation govt. relations |
|-----------------------------------|-------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 28 / 2019 |

Transaction ID : C-168-000L0D

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sapp, Judson, , ,

Mailing Address 3099 Doctors Lake Drive

| | | |
|---------------------|-------------|-------------------|
| City Orange Park | State FL | Zip Code 32073 |
|---------------------|-------------|-------------------|

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

| | |
|---|------------------------------|
| Name of Employer W.J. Sapp Railroad Contractor | Occupation railroad exec. |
|---|------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 10 / 2019 |

Transaction ID : C-169-02R001

Amount of Each Receipt this Period
2800.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4800.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 25 OF 83
(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)
Sexton, Chris, , ,

Mailing Address P. O. Box 2187

City: Vero Beach State: FL Zip Code: 32961

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : **C-173-02L402**

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 1620 Shilp Point Lane

City: Merritt Island State: FL Zip Code: 32952

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

Name of Employer: Southeast Petro Dist. Occupation: president

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : **C-174-00AF08**

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Shoemate, Charles R., , ,

Mailing Address 180 Loggerhead Point

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2019

Transaction ID : **C-175-02RP01**

Amount of Each Receipt this Period
 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 83 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Spain, David W., , ,

Mailing Address 25 W. Point Drive

| | | |
|---------------------|-------------|-------------------|
| City Cocoa Beach | State FL | Zip Code 32931 |
|---------------------|-------------|-------------------|

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

| | |
|---|------------------------|
| Name of Employer Cocoa Beach Resorts, Inc. | Occupation hotelier |
|---|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2019

Transaction ID : C-180-005c08

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Storey, Michael M., , ,

Mailing Address 4370 Stillwater 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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2019

Transaction ID : C-186-00Q90E

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

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

Mailing Address 2900 59th Avenue

| | | |
|--------------------|-------------|-------------------|
| City Vero Beach | State FL | Zip Code 32966 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation retired |
|-------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : C-187-01L50C

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 6100.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 27 OF 83 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Sullivan, Patricia Beth, , ,

Mailing Address 187 Mabry Street

| | | |
|-------------------|-------------|-------------------|
| City Sebastian | State FL | Zip Code 32958 |
|-------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation retired |
|-------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 1000.00

Date of Receipt
 / / 04 / 26 / 2019

Transaction ID : C-189-02RH01

Amount of Each Receipt this Period
 , , 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Swistock, Deborah J., , ,

Mailing Address 283 River Drive

| | | |
|------------------|-------------|-------------------|
| City Tequesta | State FL | Zip Code 33469 |
|------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 1000.00

Date of Receipt
 / / 05 / 28 / 2019

Transaction ID : C-191-02C902

Amount of Each Receipt this Period
 , , 1000.00

Memo Item

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

Mailing Address 283 River Drive

| | | |
|------------------|-------------|-------------------|
| City Tequesta | State FL | Zip Code 33469 |
|------------------|-------------|-------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer self-employed | Occupation investor |
|-----------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 1000.00

Date of Receipt
 / / 05 / 28 / 2019

Transaction ID : C-192-01Uc05

Amount of Each Receipt this Period
 , , 1000.00

Memo Item

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 28 OF 83
(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)
Talbott, Leah Kathryn, , ,
 Mailing Address 1863 Bradshaw Blvd.
 City: Cookeville State: TN Zip Code: 38506
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Fitzgerald Glider Kits Occupation: manufacturing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : C-193-02RA01
 Amount of Each Receipt this Period
 2800.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Talbott, Leah Kathryn, , ,
 Mailing Address 1863 Bradshaw Blvd.
 City: Cookeville State: TN Zip Code: 38506
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Fitzgerald Glider Kits Occupation: manufacturing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : C-194-02RA02
 Amount of Each Receipt this Period
 2200.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Teetz, Linda L., , ,
 Mailing Address 1280 Olde Doubloon Drive
 City: Vero Beach State: FL Zip Code: 32963
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: n/a Occupation: retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2019
Transaction ID : C-195-00BF0L
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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: PAGE 29 OF 83
(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)
Tohl, Janet, , ,
 Mailing Address 2514 Apollo Drive
 City Los Angeles State CA Zip Code 90046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : C-197-028J06
 Amount of Each Receipt this Period
 2800.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Turner, Joseph Calvin, , ,
 Mailing Address 1863 Bradshaw Blvd.
 City Cookeville State TN Zip Code 38506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : C-199-02R901
 Amount of Each Receipt this Period
 2800.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Turner, Joseph Calvin, , ,
 Mailing Address 1863 Bradshaw Blvd.
 City Cookeville State TN Zip Code 38506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : C-200-02R902
 Amount of Each Receipt this Period
 2200.00
 Memo Item

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

7800.00

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

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

FOR LINE NUMBER: PAGE 30 OF 83
(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)
Underwood, James W., , ,

Mailing Address 4770 Seminole Trail

City Merritt Island State FL Zip Code 32953

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

Name of Employer n/a Occupation retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : C-201-02ID02

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Weldon, David J., , ,

Mailing Address 365 Newport Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer Health First Occupation physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2019

Transaction ID : C-210-01Th09

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Wilfong, David, , ,

Mailing Address 2194 Spring Creek Circle, N.E.

City Palm Bay State FL Zip Code 32905

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

Name of Employer n/a Occupation retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2019

Transaction ID : C-212-01k604

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 83
(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)
Wilfong, Joyce, , ,

Mailing Address 2194 Spring Creek Circle, N.E.

City: Palm Bay State: FL Zip Code: 32905

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

Name of Employer: n/a Occupation: retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2019

Transaction ID : **C-213-02CE02**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Zudans, John V., , ,

Mailing Address 3845 Indian River Drive, E.

City: Vero Beach State: FL Zip Code: 32963

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

Name of Employer: Florida Eye Institute Occupation: physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2019

Transaction ID : **C-215-00Wt0A**

Amount of Each Receipt this Period
1000.00

Memo Item

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

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 115095.00 |

**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 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

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

Mailing Address 777 6th St., N.W., #200

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00024521

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : C-2-02R102

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. 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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2019

Transaction ID : C-6-00Jo0H

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American Assn. of Orthopaedic Surgeons PAC

Mailing Address 317 Massachusetts Avenue, N.E.

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20002 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00343137

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2019

Transaction ID : C-7-00Qe05

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 3500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 33 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
American Financial Services Assoc. PAC

Mailing Address 919 18th Street, N.W., #300

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00038604

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : C-8-01GT0L

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 1061 American Lane

| | | |
|--------------------|-------------|-------------------|
| City Schaumburg | State IL | Zip Code 60173 |
|--------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2019

Transaction ID : C-9-00AQ0L

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Blue Origin, LLC PAC

Mailing Address 21218 76th Avenue, S.

| | | |
|--------------|-------------|-------------------|
| City Kent | State WA | Zip Code 98032 |
|--------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00557793

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2019

Transaction ID : C-26-01tA05

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 7000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 34 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
The Boeing Company PAC

Mailing Address 929 Long Bridge Drive

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22202 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00142711

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : C-27-00Uv0E

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 20 S. Wacker Drive

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60606 |
|-----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2019

Transaction ID : C-35-01V006

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman Corp. PAC

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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2019

Transaction ID : C-68-00Ts0R

Amount of Each Receipt this Period
 5000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 7000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 35 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2019

Transaction ID : C-69-00iNOL

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Experian North America, Inc. PAC

Mailing Address 475 Anton Blvd.

| | | |
|--------------------|-------------|-------------------|
| City Costa Mesa | State CA | Zip Code 92626 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00379768

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2019

Transaction ID : C-72-00Xe07

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
House Freedom Fund

Mailing Address P. O. Box 1948

| | | |
|--------------------|-------------|-------------------|
| City Alexandria | State VA | Zip Code 22313 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00552851

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4295.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2019

Transaction ID : C-98-02C00H

Amount of Each Receipt this Period
251.00

Memo Item

earmarks received

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 36 OF 83
(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)
House Freedom Fund

Mailing Address P. O. Box 1948

City: Alexandria State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C** C00552851

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4295.00

Date of Receipt: 06 / 07 / 2019

Transaction ID : **C-99-02C00I**

Amount of Each Receipt this Period: 10.00

Memo Item
earmarks received

B. Full Name (Last, First, Middle Initial)
House Freedom Fund

Mailing Address P. O. Box 1948

City: Alexandria State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C** C00552851

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4295.00

Date of Receipt: 06 / 10 / 2019

Transaction ID : **C-100-02C00J**

Amount of Each Receipt this Period: 25.00

Memo Item
earmarks received

C. Full Name (Last, First, Middle Initial)
House Freedom Fund

Mailing Address P. O. Box 1948

City: Alexandria State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C** C00552851

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4295.00

Date of Receipt: 06 / 27 / 2019

Transaction ID : **C-101-02C00K**

Amount of Each Receipt this Period: 1000.00

Memo Item
earmarks received

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

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

| | | | |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 37 OF 83 |
| <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)
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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : C-104-00qJ0G

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ind. Ins. Agents & Brokers of America PAC

Mailing Address 20 F Street, N.W., #610

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00022343

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2019

Transaction ID : C-105-004z0L

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address P. O. Box 335

| | | |
|---------------------|-------------|-------------------|
| City Crownsville | State MD | Zip Code 21032 |
|---------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2019

Transaction ID : C-106-01E00E

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 3000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 38 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

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

Mailing Address P. O. Box 335

| | | |
|---------------------|-------------|-------------------|
| City Crownsville | State MD | Zip Code 21032 |
|---------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1255.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2019

Transaction ID : C-107-01E00F

Amount of Each Receipt this Period
255.00

Memo Item
* In-Kind-> cigars

B. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street, N.W., #1200

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00105981

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : C-108-00VV0I

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JM Family Enterprises, Inc. PAC

Mailing Address 100 Jim Moran Blvd.

| | | |
|-------------------------|-------------|-------------------|
| City Deerfield Beach | State FL | Zip Code 33442 |
|-------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00240911

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2019

Transaction ID : C-110-00JU0E

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2255.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 39 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
K&L Gates, LLP PAC

Mailing Address 1601 K Street, N.W.

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00213173

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2019

Transaction ID : C-115-01cJ08

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance Company PAC

Mailing Address 175 Berkeley Street

| | | |
|----------------|-------------|-------------------|
| City Boston | State MA | Zip Code 02117 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00171843

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2019

Transaction ID : C-118-00W90A

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance Company PAC

Mailing Address 175 Berkeley Street

| | | |
|----------------|-------------|-------------------|
| City Boston | State MA | Zip Code 02117 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00171843

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2019

Transaction ID : C-119-00W90B

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ , _____ , _____ 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ , _____ , _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 40 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

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

Mailing Address 2121 Crystal Drive, #100

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22202 |
|-------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2019

Transaction ID : C-122-00Th0f

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 2121 Crystal Drive, #100

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22202 |
|-------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2019

Transaction ID : C-123-00Th0g

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mark Meadows for Congress

Mailing Address P.O. Box 811

| | | |
|------------------------|-------------|-------------------|
| City Hendersonville | State NC | Zip Code 28793 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00503094

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2019

Transaction ID : C-133-02Rm01

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
 Earmarked-> House Freedom rcvd. 051319

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 41 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Assn. PAC

Mailing Address 1325 Massachusetts Avenue, N.W.

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00238725

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2019

Transaction ID : C-143-00W60L

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
National Assoc. of Mortgage Brokers PAC

Mailing Address 601 Pennsylvania Avenue, N.W.S Bld

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00254201

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2019

Transaction ID : C-144-01Rm0E

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Multifamily Housing Council PAC

Mailing Address 1775 Eye Street N.W., #1100

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00130773

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2019

Transaction ID : C-145-02RV01

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 3000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 83
(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)
NextEra Energy, Inc. PAC

Mailing Address 801 Pennsylvania Avenue, N.W., #22

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2019

Transaction ID : C-147-01Ue0C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Small Business Investor Alliance PAC

Mailing Address 1100 H Street, N.W., #610

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00109991

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : C-178-02E102

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Space Exploration Technologies Corp. PAC

Mailing Address 1155 F. Street, N.W., #475

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2019

Transaction ID : C-179-01Sc0G

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 43 OF 83 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

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

Mailing Address P. O. Box 2875

| | | |
|-----------------------|-------------|-------------------|
| City Daytona Beach | State FL | Zip Code 32120 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00571042

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2019

Transaction ID : C-182-022Q03

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

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

Mailing Address 1101 Pennsylvania Ave., N.W., 10th

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00035683

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2019

Transaction ID : C-203-01EP05

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Memo Item

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ 46755.00 |

**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 83
(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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 812.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2019

Transaction ID : **C-20-004y1u**

Amount of Each Receipt this Period
 102.52

Memo Item

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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 812.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2019

Transaction ID : **C-21-004y1v**

Amount of Each Receipt this Period
 99.36

Memo Item

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: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 812.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : **C-22-004y1w**

Amount of Each Receipt this Period
 89.78

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 291.66 |
| TOTAL This Period (last page this line number only).....▶ | 291.66 |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 45 OF 83 | |
| | <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 04 / 23 / 2019 |
| Mailing Address P. O. Box 6463 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement telephone | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 692.32 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D11-00Hr2A <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2019 |
| Mailing Address P. O. Box 6463 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement telephone | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 659.76 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D12-00Hr2B <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2019 |
| Mailing Address P. O. Box 6463 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement telephone | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 628.50 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D13-00Hr2C <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1980.58 |
| 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 46 OF 83 | |
| | <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. Atlantic Pack N Parcel | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2019 | |
| Mailing Address 870 N. Miramar Avenue | | | FEC Identification Number C | |
| City Indianapolis | State FL | Zip Code 32903 | Amount of Each Disbursement this Period 70.00 | |
| Purpose of Disbursement delivery | | | Transaction ID : D31-02BR08 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Barclays | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2019 | |
| Mailing Address P. O. Box 13337 | | | FEC Identification Number C | |
| City Philadelphia | State PA | Zip Code 19110 | Amount of Each Disbursement this Period 2216.79 | |
| Purpose of Disbursement credit card payment | | | Transaction ID : D42-02KU0B | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|--|--|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 295.13 | |
| Purpose of Disbursement transportation | | | Transaction ID : D2-01Ma20 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2286.79 |
| 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 83 | |
| | <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. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 138.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D3-01Ma2P | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 254.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D4-01Ma2Q | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 312.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D5-01Ma2R | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 48 OF 83 | |
| | <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. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 299.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D6-01Ma2S | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 212.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D7-01Ma2T | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 312.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D8-01Ma2U | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 49 OF 83 | |
| | <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. Republican Congressional Spouses

Full Name (Last, First, Middle Initial)
Mailing Address 2336 S. Queen Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement lunch event

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 30.00

Transaction ID : D14-00Y01A

Memo Item Credit Card Item

B. Singh Car Service

Full Name (Last, First, Middle Initial)
Mailing Address 10640 John Ayres Drive

City Fairfax State VA Zip Code 22032

Purpose of Disbursement transportation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 30.00

Transaction ID : D16-01HU0s

Memo Item Credit Card Item

c. Barclays

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 13337

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement credit card payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 07 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 1354.21

Transaction ID : D43-02KU0C

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1354.21

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 83 | |
| | <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. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 322.62 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D6-01Ma2V | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 467.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D7-01Ma2W | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 212.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D8-01Ma2X | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 51 OF 83 | |
| | <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. Omni Hotles & Resort | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2019 |
| Mailing Address 100 S. 12th Street | | FEC Identification Number C |
| City Richmond | State VA | Zip Code 23219 |
| Purpose of Disbursement parking | | Amount of Each Disbursement this Period 10.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D9-02R802 <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Singh Car Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2019 |
| Mailing Address 10640 John Ayres Drive | | FEC Identification Number C |
| City Fairfax | State VA | Zip Code 22032 |
| Purpose of Disbursement transportation | | Amount of Each Disbursement this Period 40.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D11-01HU0t <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. UBER | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019 |
| Mailing Address 800 Market Street, 7th Floor | | FEC Identification Number C |
| City San Francisco | State CA | Zip Code 94102 |
| Purpose of Disbursement transportation | | Amount of Each Disbursement this Period 20.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D13-01kP11 <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> 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 52 OF 83 | |
| | <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. UBER | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019 | |
| Mailing Address 800 Market Street, 7th Floor | | | FEC Identification Number C | |
| City San Francisco | State CA | Zip Code 94102 | Amount of Each Disbursement this Period 26.33 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D14-01kP12 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. UBER | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2019 | |
| Mailing Address 800 Market Street, 7th Floor | | | FEC Identification Number C | |
| City San Francisco | State CA | Zip Code 94102 | Amount of Each Disbursement this Period 14.51 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D15-01kP13 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Barclays | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2019 | |
| Mailing Address P. O. Box 13337 | | | FEC Identification Number C | |
| City Philadelphia | State PA | Zip Code 19110 | Amount of Each Disbursement this Period 1886.60 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D44-02KU0D | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1886.60 |
| 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 53 OF 83 | | | |
| | <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. The Congressional Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2019 | | |
| Mailing Address 2001 New Hampshire Avenue, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 286.00 | | |
| Purpose of Disbursement event supplies | | Category/ Type | Transaction ID : D3-00YP1U | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. The Congressional Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2019 | | |
| Mailing Address 2001 New Hampshire Avenue, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 64.00 | | |
| Purpose of Disbursement event supplies | | Category/ Type | Transaction ID : D4-00YP1V | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) c. The Congressional Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2019 | | |
| Mailing Address 2001 New Hampshire Avenue, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 34.00 | | |
| Purpose of Disbursement event supplies | | Category/ Type | Transaction ID : D5-00YP1W | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| 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 54 OF 83 | |
| | <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. Hilton Hotels & Resorts | | Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2019 |
| Mailing Address 1919 Connecticut Avenue, N.W. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20009 |
| Purpose of Disbursement parking | | Amount of Each Disbursement this Period 15.00 |
| Candidate Name | | Transaction ID : D10-01yu07 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Hilton Hotels & Resorts | | Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2019 |
| Mailing Address 1919 Connecticut Avenue, N.W. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20009 |
| Purpose of Disbursement food & beverage | | Amount of Each Disbursement this Period 36.47 |
| Candidate Name | | Transaction ID : D11-01yu08 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2019 |
| Mailing Address 118-29 Queens Blvd. | | FEC Identification Number C |
| City Forest Hills | State NY | Zip Code 11375 |
| Purpose of Disbursement transportation | | Amount of Each Disbursement this Period 45.60 |
| Candidate Name | | Transaction ID : D12-01Ma2Y |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

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| 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 55 OF 83 | |
| | <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. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 198.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D13-01Ma2Z | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. JetBlue Airways | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2019 | |
| Mailing Address 118-29 Queens Blvd. | | | FEC Identification Number C | |
| City Forest Hills | State NY | Zip Code 11375 | Amount of Each Disbursement this Period 252.30 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D14-01Ma2a | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. Singh Car Service | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2019 | |
| Mailing Address 10640 John Ayres Drive | | | FEC Identification Number C | |
| City Fairfax | State VA | Zip Code 22032 | Amount of Each Disbursement this Period 24.00 | |
| Purpose of Disbursement transportation | | Category/ Type | Transaction ID : D20-01HU0u | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| 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 56 OF 83 | |
| | <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. Singh Car Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2019 |
| Mailing Address 10640 John Ayres Drive | | FEC Identification Number C |
| City Fairfax | State VA | Zip Code 22032 |
| Purpose of Disbursement transportation | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 24.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D21-01HU0v <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Sodexo | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2019 |
| Mailing Address 9801 Washingtonian Blvd. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20515 |
| Purpose of Disbursement food & beverage | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 12.41 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D23-028L0J <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. UBER | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2019 |
| Mailing Address 800 Market Street, 7th Floor | | FEC Identification Number C |
| City San Francisco | State CA | Zip Code 94102 |
| Purpose of Disbursement transportation | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 22.59 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D24-01kP14 <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 83 | | | |
| | <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. UBER

Full Name (Last, First, Middle Initial)
800 Market Street, 7th Floor

Date of Disbursement: 05 / 08 / 2019

City: San Francisco, State: CA, Zip Code: 94102

Purpose of Disbursement: transportation

Candidate Name: _____

Office Sought: House, Senate, President

Disbursement For: 2020
 Primary, General, Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C

Amount of Each Disbursement this Period: 15.23

Transaction ID: D25-01kP15

Memo Item Credit Card Item

B. UBER

Full Name (Last, First, Middle Initial)
800 Market Street, 7th Floor

Date of Disbursement: 05 / 10 / 2019

City: San Francisco, State: CA, Zip Code: 94102

Purpose of Disbursement: transportation

Candidate Name: _____

Office Sought: House, Senate, President

Disbursement For: 2020
 Primary, General, Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.80

Transaction ID: D26-01kP16

Memo Item Credit Card Item

C. UBER

Full Name (Last, First, Middle Initial)
800 Market Street, 7th Floor

Date of Disbursement: 05 / 10 / 2019

City: San Francisco, State: CA, Zip Code: 94102

Purpose of Disbursement: transportation

Candidate Name: _____

Office Sought: House, Senate, President

Disbursement For: 2020
 Primary, General, Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C

Amount of Each Disbursement this Period: 10.93

Transaction ID: D27-01kP17

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**

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 83 | | | |
| | <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. UBER | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2019 |
| Mailing Address 800 Market Street, 7th Floor | | FEC Identification Number C |
| City San Francisco | State CA | Zip Code 94102 |
| Purpose of Disbursement transportation | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 25.22 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D28-01kP18 <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Brevard County Republican Exec. Comm. | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2019 |
| Mailing Address P. O. Box 410153 | | FEC Identification Number C |
| City Melbourne | State FL | Zip Code 32941 |
| Purpose of Disbursement event ticket | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 950.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D50-00Nv0J <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2019 |
| Mailing Address 300 First Street, S.E. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20003 |
| Purpose of Disbursement food & beverage | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 302.66 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D73-00WL37 <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1252.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 59 OF 83 | |
| | <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 04 / 04 / 2019 | |
| Mailing Address 300 First Street, S.E. | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 543.88 | |
| Purpose of Disbursement food & beverage | | Category/ Type | Transaction ID : D74-00WL38 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2019 | |
| Mailing Address 300 First Street, S.E. | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 211.17 | |
| Purpose of Disbursement food & beverage | | Category/ Type | Transaction ID : D75-00WL39 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 05 / 23 / 2019 | |
| Mailing Address 300 First Street, S.E. | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 60.58 | |
| Purpose of Disbursement food & beverage | | Category/ Type | Transaction ID : D76-00WL3A | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 815.63 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 60 OF 83 | |
| | <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 06 / 06 / 2019 |
| Mailing Address 300 First Street, S.E. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20003 |
| Purpose of Disbursement food & beverage | | Amount of Each Disbursement this Period 155.23 |
| Candidate Name | Category/ Type | Transaction ID : D77-00WL3B |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2019 |
| Mailing Address 300 First Street, S.E. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20003 |
| Purpose of Disbursement food & beverage | | Amount of Each Disbursement this Period 161.38 |
| Candidate Name | Category/ Type | Transaction ID : D78-00WL3C |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Data Targeting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2019 |
| Mailing Address 6211 N.W. 132nd Street | | FEC Identification Number C |
| City Gainesville | State FL | Zip Code 32653 |
| Purpose of Disbursement direct mail services | | Amount of Each Disbursement this Period 7600.00 |
| Candidate Name | Category/ Type | Transaction ID : D114-00GI20 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 7916.61 |
| 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 61 OF 83 | | | |
| | <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. Kirsten Dougherty | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2019 | | |
| Mailing Address 3213 Duke Street, Suite 700 | | | FEC Identification Number C | | |
| City Alexandria | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 1126.00 | | |
| Purpose of Disbursement reimbursement | | Category/ Type | Transaction ID : D116-02J004 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Hill Country Barbecue Market | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019 | | |
| Mailing Address 410 7th Street, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 1126.00 | | |
| Purpose of Disbursement catering | | Category/ Type | Transaction ID : D1-01yb09 | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. eDonations.com | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2019 | | |
| Mailing Address 117 N. Saint Asaph Street | | | FEC Identification Number C | | |
| City Alexandria | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 2.97 | | |
| Purpose of Disbursement online fundraising | | Category/ Type | Transaction ID : D124-00G326 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1128.97 |
| 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 83 | |
| | <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 05 / 03 / 2019 | |
| Mailing Address 117 N. Saint Asaph Street | | | FEC Identification Number C | |
| City Alexandria | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 844.15 | |
| Purpose of Disbursement online fundraising | | Category/ Type | Transaction ID : D125-00G327 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. eDonations.com | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2019 | |
| Mailing Address 117 N. Saint Asaph Street | | | FEC Identification Number C | |
| City Alexandria | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 880.48 | |
| Purpose of Disbursement online fundraising | | Category/ Type | Transaction ID : D126-00G328 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Gavin, Patrick D., , , | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2019 | |
| Mailing Address 3210 Parkplace Court | | | FEC Identification Number C | |
| City Melbourne | State FL | Zip Code 32934 | Amount of Each Disbursement this Period 461.75 | |
| Purpose of Disbursement salary | | Category/ Type | Transaction ID : D146-00GJ22 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2186.38 |
| 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 63 OF 83 | | | |
| | <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. Gavin, Patrick D., , , | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2019 | | |
| Mailing Address 3210 Parkplace Court | | | FEC Identification Number C | | |
| City Melbourne | State FL | Zip Code 32934 | Amount of Each Disbursement this Period 461.75 | | |
| Purpose of Disbursement salary | | Category/ Type | Transaction ID : D147-00GJ23 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Gavin, Patrick D., , , | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2019 | | |
| Mailing Address 3210 Parkplace Court | | | FEC Identification Number C | | |
| City Melbourne | State FL | Zip Code 32934 | Amount of Each Disbursement this Period 461.75 | | |
| Purpose of Disbursement salary | | Category/ Type | Transaction ID : D148-00GJ24 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Intl. Premium Cigar & Pipe Retailers PAC | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2019 | | |
| Mailing Address P. O. Box 335 | | | FEC Identification Number C C00450239 | | |
| City Crownsville | State MD | Zip Code 21032 | Amount of Each Disbursement this Period 255.00 | | |
| Purpose of Disbursement * In-Kind->cigars | | Category/ Type | Transaction ID : D182-01E005 | | |
| Candidate Name Intl. Premium Cigar & Pipe Retailers PAC | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1178.50 |
| 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 83 | | | |
| | <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. KB Strategic Group | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2019 | | |
| Mailing Address 3213 Duke Street, #700 | | | | | |
| City Alexandria | State VA | Zip Code 22314 | FEC Identification Number C | | |
| Purpose of Disbursement fundraising consulting | | Category/ Type | Amount of Each Disbursement this Period 3500.00 | | |
| Candidate Name | | Transaction ID : D227-02C20F | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Living Legends of Auto Racing | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2019 | | |
| Mailing Address P. O. Box 290854 | | | | | |
| City Port Orange | State FL | Zip Code 32129 | FEC Identification Number C | | |
| Purpose of Disbursement advertising | | Category/ Type | Amount of Each Disbursement this Period 250.00 | | |
| Candidate Name | | Transaction ID : D232-02DY03 | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Posey, Katie, , , | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2019 | | |
| Mailing Address 1803 Hensley Drive | | | | | |
| City Rockledge | State FL | Zip Code 32955 | FEC Identification Number C | | |
| Purpose of Disbursement mileage | | Category/ Type | Amount of Each Disbursement this Period 219.24 | | |
| Candidate Name | | Transaction ID : D278-00Ku0f | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3969.24 |
| TOTAL This Period (last page this line number only).....▶ | 3969.24 |

**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 83 | |
| | <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. Posey, Katie, , , | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2019 |
| Mailing Address 1803 Hensley Drive | | FEC Identification Number C |
| City Rockledge | State FL | Zip Code 32955 |
| Purpose of Disbursement mileage | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 316.68 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D279-00Ku0g |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Republican Congressional Spouses | | Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2019 |
| Mailing Address 2336 S. Queen Street | | FEC Identification Number C |
| City Arlington | State VA | Zip Code 22202 |
| Purpose of Disbursement event ticket | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 105.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D293-00Y01B |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Republican Women's Federal Forum | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2019 |
| Mailing Address P. O. Box 5082 | | FEC Identification Number C |
| City Laytonsville | State MD | Zip Code 20882 |
| Purpose of Disbursement event ticket | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 20.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D298-00Yi12 |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 441.68 |
| 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) | | PAGE 66 OF 83 | |
| | <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 Women's Federal Forum | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2019 | |
| Mailing Address P. O. Box 5082 | | | FEC Identification Number C | |
| City Laytonsville | State MD | Zip Code 20882 | Amount of Each Disbursement this Period 45.00 | |
| Purpose of Disbursement event ticket | | Category/ Type | Transaction ID : D299-00Yi13 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Republican Women's Federal Forum | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2019 | |
| Mailing Address P. O. Box 5082 | | | FEC Identification Number C | |
| City Laytonsville | State MD | Zip Code 20882 | Amount of Each Disbursement this Period 45.00 | |
| Purpose of Disbursement event ticket | | Category/ Type | Transaction ID : D300-00Yi14 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Republican Women's Federal Forum | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2019 | |
| Mailing Address P. O. Box 5082 | | | FEC Identification Number C | |
| City Laytonsville | State MD | Zip Code 20882 | Amount of Each Disbursement this Period 250.00 | |
| Purpose of Disbursement membership dues | | Category/ Type | Transaction ID : D301-00Yi15 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 340.00 |
| 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 67 OF 83 | |
| | <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. State Farm | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2019 |
| Mailing Address P. O. Box 588002 | | FEC Identification Number C |
| City North Metro | State GA | Zip Code 30029 |
| Purpose of Disbursement insurance | | Amount of Each Disbursement this Period 858.46 |
| Candidate Name | | Transaction ID : D343-028107 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2019 |
| Mailing Address 6105 N. Wickham Road | | FEC Identification Number C |
| City Melbourne | State FL | Zip Code 32940 |
| Purpose of Disbursement p.o. box renewal | | Amount of Each Disbursement this Period 134.00 |
| Candidate Name | | Transaction ID : D365-021w0y |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. United States Treasury | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2019 |
| Mailing Address P. O. Box 105083 | | FEC Identification Number C |
| City Atlanta | State GA | Zip Code 30348 |
| Purpose of Disbursement income taxes | | Amount of Each Disbursement this Period 175.00 |
| Candidate Name | | Transaction ID : D411-00Uq2B |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1167.46 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 83 | | | |
| | <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 04 / 04 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 1172.90 |
| Candidate Name | | Transaction ID : D441-02BF20 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AT&T Retail Store | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2019 |
| Mailing Address 800 E. Merritt Island Causeway, #1 | | FEC Identification Number C |
| City Merritt Island | State FL | Zip Code 32952 |
| Purpose of Disbursement office equipment | | Amount of Each Disbursement this Period 599.19 |
| Candidate Name | | Transaction ID : D1-02R301 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> 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 03 / 02 / 2019 |
| Mailing Address 1600 Amphitheatre Parkway | | FEC Identification Number C |
| City Mountain View | State CA | Zip Code 94043 |
| Purpose of Disbursement email services | | Amount of Each Disbursement this Period 60.00 |
| Candidate Name | | Transaction ID : D3-01wY0t |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item Credit Card Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1172.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 69 OF 83 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2019 |
| Mailing Address 6729 Colonnade Avenue | | FEC Identification Number C |
| City Melbourne | State FL | Zip Code 32940 |
| Purpose of Disbursement office supplies | | Amount of Each Disbursement this Period 106.98 |
| Candidate Name | | Transaction ID : D6-02Dv0M |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. VISA | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 177.99 |
| Candidate Name | | Transaction ID : D442-02BF21 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. VISA | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 90.00 |
| Candidate Name | | Transaction ID : D443-02BF22 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 267.99 |
| 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 70 OF 83 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. US House Gift Shop | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2019 | |
| Mailing Address Longworth Bldg | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20515 | Amount of Each Disbursement this Period 90.00 | |
| Purpose of Disbursement gifts | | Category/ Type | Transaction ID : D1-02LHOB | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. VISA | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2019 | |
| Mailing Address P. O. Box 4512 | | | FEC Identification Number C | |
| City Carol Stream | State IL | Zip Code 60197 | Amount of Each Disbursement this Period 82.10 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D444-02BF23 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 04 / 09 / 2019 | |
| Mailing Address P. O. Box 4512 | | | FEC Identification Number C | |
| City Carol Stream | State IL | Zip Code 60197 | Amount of Each Disbursement this Period 134.54 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D445-02BF24 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 216.64 |
| 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 83 | |
| | <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 02 / 25 / 2019 | |
| Mailing Address 1601 Trapelo Road | | | FEC Identification Number C | |
| City Waltham | State MA | Zip Code 02451 | Amount of Each Disbursement this Period 65.00 | |
| Purpose of Disbursement email services | | Category/ Type | Transaction ID : D1-01vu0v | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 03 / 15 / 2019 | |
| Mailing Address 6729 Colonnade Avenue | | | FEC Identification Number C | |
| City Melbourne | State FL | Zip Code 32940 | Amount of Each Disbursement this Period 69.54 | |
| Purpose of Disbursement office supplies | | Category/ Type | Transaction ID : D2-02Dv0N | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <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 04 / 23 / 2019 | |
| Mailing Address P. O. Box 4512 | | | FEC Identification Number C | |
| City Carol Stream | State IL | Zip Code 60197 | Amount of Each Disbursement this Period 11.40 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D446-02BF25 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 11.40 |
| 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 83 | |
| | <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 03 / 29 / 2019 | |
| Mailing Address 6105 N. Wickham Road | | | FEC Identification Number C | |
| City Melbourne | State FL | Zip Code 32940 | Amount of Each Disbursement this Period 11.40 | |
| Purpose of Disbursement postage | | Category/ Type | Transaction ID : D1-021w0x | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. VISA | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2019 | |
| Mailing Address P. O. Box 4512 | | | FEC Identification Number C | |
| City Carol Stream | State IL | Zip Code 60197 | Amount of Each Disbursement this Period 65.00 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D447-02BF26 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. Constant Contact | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019 | |
| Mailing Address 1601 Trapelo Road | | | FEC Identification Number C | |
| City Waltham | State MA | Zip Code 02451 | Amount of Each Disbursement this Period 65.00 | |
| Purpose of Disbursement email services | | Category/ Type | Transaction ID : D1-01vu0w | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 65.00 |
| 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 83 | | | |
| | <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 04 / 23 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 60.00 |
| Candidate Name | | Transaction ID : D448-02BF27 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Google | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2019 |
| Mailing Address 1600 Amphitheatre Parkway | | FEC Identification Number C |
| City Mountain View | State CA | Zip Code 94043 |
| Purpose of Disbursement email services | | Amount of Each Disbursement this Period 60.00 |
| Candidate Name | | Transaction ID : D1-01wY0u |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> 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 04 / 23 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 1538.61 |
| Candidate Name | | Transaction ID : D449-02BF28 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1598.61 |
| 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 74 OF 83 | |
| | <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. BLT Prime Trump DC | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2019 | |
| Mailing Address 1100 Pennsylvania Avenue | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 254.60 | |
| Purpose of Disbursement food & beverage | | Category/ Type | Transaction ID : D1-02R601 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Morton's The Steakhouse | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2019 | |
| Mailing Address 111 Virginia Street | | | FEC Identification Number C | |
| City Richmond | State VA | Zip Code 23219 | Amount of Each Disbursement this Period 257.11 | |
| Purpose of Disbursement food & beverage | | Category/ Type | Transaction ID : D3-02R701 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Omni Hotles & Resort | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2019 | |
| Mailing Address 100 S. 12th Street | | | FEC Identification Number C | |
| City Richmond | State VA | Zip Code 23219 | Amount of Each Disbursement this Period 983.91 | |
| Purpose of Disbursement lodging | | Category/ Type | Transaction ID : D4-02R801 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| 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 83 | |
| | <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 05 / 02 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 182.74 |
| Candidate Name | | Transaction ID : D450-02BF29 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. US House Gift Shop | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2019 |
| Mailing Address Longworth Bldg | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20515 |
| Purpose of Disbursement gifts | | Amount of Each Disbursement this Period 50.10 |
| Candidate Name | | Transaction ID : D6-02LH0C |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> 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 05 / 30 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 54.49 |
| Candidate Name | | Transaction ID : D451-02BF2A |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 237.23 |
| 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 83 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VISA | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 104.90 |
| Candidate Name | Category/ Type | Transaction ID : D452-02BF2B |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. VISA | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2019 |
| Mailing Address P. O. Box 4512 | | FEC Identification Number C |
| City Carol Stream | State IL | Zip Code 60197 |
| Purpose of Disbursement credit card payment | | Amount of Each Disbursement this Period 1706.80 |
| Candidate Name | Category/ Type | Transaction ID : D453-02BF2C |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Capitol Hill Suites | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2019 |
| Mailing Address 200 C Street, S.E. | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20003 |
| Purpose of Disbursement lodging | | Amount of Each Disbursement this Period 800.76 |
| Candidate Name | Category/ Type | Transaction ID : D1-00Ms04 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item Credit Card Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1811.70 |
| 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 77 OF 83 | | | |
| | <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. Hilton Hotels & Resorts | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2019 | | |
| Mailing Address 1919 Connecticut Avenue, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 361.22 | | |
| Purpose of Disbursement lodging | | Category/ Type | Transaction ID : D2-01yu04 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Hilton Hotels & Resorts | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2019 | | |
| Mailing Address 1919 Connecticut Avenue, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 309.22 | | |
| Purpose of Disbursement lodging | | Category/ Type | Transaction ID : D3-01yu05 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Hilton Hotels & Resorts | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2019 | | |
| Mailing Address 1919 Connecticut Avenue, N.W. | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 52.00 | | |
| Purpose of Disbursement lodging | | Category/ Type | Transaction ID : D4-01yu06 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| 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 78 OF 83 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. US House Gift Shop | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2019 | |
| Mailing Address Longworth Bldg | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20515 | Amount of Each Disbursement this Period 183.60 | |
| Purpose of Disbursement gifts | | Category/ Type | Transaction ID : D5-02LHOD | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. VISA | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2019 | |
| Mailing Address P. O. Box 4512 | | | FEC Identification Number C | |
| City Carol Stream | State IL | Zip Code 60197 | Amount of Each Disbursement this Period 241.92 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D454-02BF2D | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. Google | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2019 | |
| Mailing Address 1600 Amphitheatre Parkway | | | FEC Identification Number C | |
| City Mountain View | State CA | Zip Code 94043 | Amount of Each Disbursement this Period 71.60 | |
| Purpose of Disbursement email services | | Category/ Type | Transaction ID : D1-01wY0v | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 241.92 |
| 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 79 OF 83 | |
| | <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 M M / D D / Y Y Y Y 04 / 25 / 2019 | |
| Mailing Address 6729 Colonnade Avenue | | | FEC Identification Number C | |
| City Melbourne | State FL | Zip Code 32940 | Amount of Each Disbursement this Period 27.80 | |
| Purpose of Disbursement office supplies | | Category/ Type | Transaction ID : D4-02Dv00 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. VISA | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2019 | |
| Mailing Address P. O. Box 4512 | | | FEC Identification Number C | |
| City Carol Stream | State IL | Zip Code 60197 | Amount of Each Disbursement this Period 1880.49 | |
| Purpose of Disbursement credit card payment | | Category/ Type | Transaction ID : D455-02BF2E | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) c. Constant Contact | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2019 | |
| Mailing Address 1601 Trapelo Road | | | FEC Identification Number C | |
| City Waltham | State MA | Zip Code 02451 | Amount of Each Disbursement this Period 65.00 | |
| Purpose of Disbursement email services | | Category/ Type | Transaction ID : D1-01vu0x | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1880.49 |
| 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 80 OF 83 | |
| | <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 M M / D D / Y Y Y Y 04 / 28 / 2019 |
| Mailing Address 6729 Colonnade Avenue | | FEC Identification Number C |
| City Melbourne | State FL | Zip Code 32940 |
| Purpose of Disbursement office supplies | | Amount of Each Disbursement this Period 55.59 |
| Candidate Name | | Transaction ID : D2-02Dv0P |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2019 |
| Mailing Address 6729 Colonnade Avenue | | FEC Identification Number C |
| City Melbourne | State FL | Zip Code 32940 |
| Purpose of Disbursement office supplies | | Amount of Each Disbursement this Period 121.98 |
| Candidate Name | | Transaction ID : D3-02Dv0Q |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> 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 04 / 30 / 2019 |
| Mailing Address 6729 Colonnade Avenue | | FEC Identification Number C |
| City Melbourne | State FL | Zip Code 32940 |
| Purpose of Disbursement office supplies | | Amount of Each Disbursement this Period 110.00 |
| Candidate Name | | Transaction ID : D4-02Dv0R |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Credit Card Item |
| State: District: | | |

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| 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 81 OF 83 | | | |
| | <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. Quail Valley River Club | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2019 | | |
| Mailing Address 2345 Florida A1A | | | FEC Identification Number C | | |
| City Vero Beach | State FL | Zip Code 32963 | Amount of Each Disbursement this Period 1469.08 | | |
| Purpose of Disbursement catering | | Category/ Type | Transaction ID : D6-02RR01 | | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item Credit Card Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Watkins & Company, P.A. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2019 | | |
| Mailing Address 610 S. Boulevard | | | FEC Identification Number C | | |
| City Tampa | State FL | Zip Code 33606 | Amount of Each Disbursement this Period 2500.00 | | |
| Purpose of Disbursement accounting services | | Category/ Type | Transaction ID : D467-001H2R | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Robert Watkins & Company, P.A. | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2019 | | |
| Mailing Address 610 S. Boulevard | | | FEC Identification Number C | | |
| City Tampa | State FL | Zip Code 33606 | Amount of Each Disbursement this Period 2500.00 | | |
| Purpose of Disbursement accounting services | | Category/ Type | Transaction ID : D468-001H2S | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5000.00 |
| 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 82 OF 83 | | |
| | <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, P.A. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2019 |
| Mailing Address 610 S. Boulevard | | FEC Identification Number C |
| City Tampa | State FL | Zip Code 33606 |
| Purpose of Disbursement accounting services | | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name | | Transaction ID : D469-001H2T |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 42909.19 |

**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 83 OF 83 | |
| | <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. Theodore Budd for Congress | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2019 | |
| Mailing Address P. O. Box 97127 | | | FEC Identification Number C C00614776 | |
| City Raleigh | State NC | Zip Code 27624 | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement contribution-NC13 | | Category/ Type | Transaction ID : D55-02KF03 | |
| Candidate Name Budd, Theodore, , , | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: NC | District: 13 | | | |

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|--|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. NRCC | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2019 | |
| Mailing Address 320 First Street, S.E. | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 10000.00 | |
| Purpose of Disbursement excess funds | | Category/ Type | Transaction ID : D245-00Ks0T | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | |

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|--|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| Purpose of Disbursement | | Category/ Type | Memo Item <input type="checkbox"/> | |
| 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: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 12000.00 |
| TOTAL This Period (last page this line number only).....▶ | 12000.00 |