

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2640A MITCHAM DRIVE
Check if different than previously reported. (ACC) TALLAHASSEE FL 32308

2. **FEC IDENTIFICATION NUMBER** C C00544361 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 18

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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

Signature of Treasurer Abby F Dupree [Electronically Filed] Date M M / D D / Y Y Y Y 08 / 11 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SCHLESINGER FOR CONGRESS

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 04 | |

 /

| | |
|----|---|
| D | D |
| 01 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2014 | | | |

 To:

| | |
|----|---|
| M | M |
| 06 | |

 /

| | |
|----|---|
| D | D |
| 30 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2014 | | | |

| | 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)).... | 22075.00 | 46864.30 |
| (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)) | 22075.00 | 46864.30 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 46961.14 | 118600.40 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 175.25 | 175.25 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 46785.89 | 118425.15 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | | |
| | 28439.15 | |
| 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)..... | | |
| | 100000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SCHLESINGER FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

| 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)..... | 21000.00 | 43250.00 |
| (ii) Unitemized | 1075.00 | 3614.30 |
| (iii) TOTAL of contributions from individuals | 22075.00 | 46864.30 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 22075.00 | 46864.30 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 25000.00 | 100000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 25000.00 | 100000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 175.25 | 175.25 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 47250.25 | 147039.55 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 46961.14 | 118600.40 |
| 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 | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 46961.14 | 118600.40 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 28150.04 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 47250.25 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 75400.29 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 46961.14 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 28439.15 |

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 24
(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)
SCHLESINGER FOR CONGRESS

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

Mailing Address PO Box 31144

City State Zip Code
Sea Island FL 31561

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Roy Flack

Mailing Address 2065 La Porte Dr

City State Zip Code
Palm Beach Gardens FL 33410

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Cyrus F Freidheim Jr

Mailing Address 11105 Old Harbour Rd

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
2600.00

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

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

5600.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 24 |
| | <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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gay Gaines

Mailing Address 2 N. Breakers Row

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 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 / 2014

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
Edward Garcia

Mailing Address 3333-24 VA Beach Blvd

City State Zip Code
Virginia Beach VA 23452

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1 E Weaver St

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Blyth Inc. Executive Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
 500.00

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

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

3500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 24 |
| | <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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marc Goldman

Mailing Address PO Box 8020

| | | |
|---------------------|-------------|-------------------|
| City Garden City | State NY | Zip Code 11530 |
|---------------------|-------------|-------------------|

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

| | |
|-----------------------------------|--------------------------------|
| Name of Employer Self Employed | Occupation Private Investor |
|-----------------------------------|--------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 19 | / | 2014 |

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
D Gregory Horrigan

Mailing Address 11165 Old Harbour Road

| | | |
|--------------------------|-------------|-------------------|
| City North Palm Beach | State FL | Zip Code 33408 |
|--------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|--------------------------------|
| Name of Employer Self Employed | Occupation Private Investor |
|-----------------------------------|--------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | / | 15 | / | 2014 |

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Eric M Javits

Mailing Address 154 Bradley Place

| | | |
|--------------------|-------------|-------------------|
| City Palm Beach | State FL | Zip Code 33480 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer N/A | Occupation Retired |
|-------------------------|-----------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 30 | / | 2014 |

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
1000.00

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

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

4600.00

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

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

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)
 11a
 11b
 11c
 11d
 12
 13a
 13b
 14
 15

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NAME OF COMMITTEE (In Full)
SCHLESINGER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Irving Lustrin | | Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014 |
| Mailing Address 107 Via Florenza | | Transaction ID : SA11AI.4340 |
| City Palm Beach Gardens | State FL | Zip Code 33418 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Allen Milam | | Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 748 SW Saint Lucie Cres | | Transaction ID : SA11AI.4373 |
| City Stuart | State FL | Zip Code 34994 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Milam's Markets | Occupation Proprietor | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. James A Patterson | | Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014 |
| Mailing Address 215 5th Street Suite 100 | | Transaction ID : SA11AI.4387 |
| City West Palm Beach | State FL | Zip Code 33401 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer Self Employed | Occupation Investor | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | |
|---|---------|
| 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 9 OF 24 |
| | <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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Harvey Poppel

Mailing Address 110 El Mirasol

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
 500.00

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

Mailing Address 113 Via Quantera

City State Zip Code
Palm Beach Gardens FL 33418

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Zipper

Mailing Address 4774 NW 2nd Ave Bay A3-B

City State Zip Code
Boca Raton FL 33431

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

Name of Employer Occupation
National Pain Institute President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
 2500.00

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

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

3300.00

21000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 24 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALAN SCHLESINGER

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C H4FL18043**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA13A.4352

Amount of Each Receipt this Period
25000.00

Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

25000.00

25000.00

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Budget Printing Center, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014 | | |
| Mailing Address 4152 W Blue Heron Blvd #109 | | | Amount of Each Disbursement this Period 97.89 | | |
| City Riviera Beach | State FL | Zip Code 33404 | Transaction ID : SB17.4372 | | |
| Purpose of Disbursement Printing | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Carroll and Company CPA's | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 | | |
| Mailing Address 2640-A Mitcham Drive | | | Amount of Each Disbursement this Period 477.77 | | |
| City Tallahassee | State FL | Zip Code 32308 | Transaction ID : SB17.4357 | | |
| Purpose of Disbursement Accounting Services & Postage | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Carroll and Company CPA's | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014 | | |
| Mailing Address 2640-A Mitcham Drive | | | Amount of Each Disbursement this Period 426.92 | | |
| City Tallahassee | State FL | Zip Code 32308 | Transaction ID : SB17.4370 | | |
| Purpose of Disbursement Accounting Services & Postage | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1002.58 |
| 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 12 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Carroll and Company CPA's | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 2640-A Mitcham Drive | | Amount of Each Disbursement this Period 613.84 Transaction ID : SB17.4408 |
| City Tallahassee | State FL | |
| Zip Code 32308 | Purpose of Disbursement Accounting Services & Postage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Sameer Chagani | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 2046 Maplewood Drive | | Amount of Each Disbursement this Period 834.00 Transaction ID : SB17.4366 |
| City Coral Springs | State FL | |
| Zip Code 33071 | Purpose of Disbursement Fundraising Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Sameer Chagani | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014 |
| Mailing Address 2046 Maplewood Drive | | Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4391 |
| City Coral Springs | State FL | |
| Zip Code 33071 | Purpose of Disbursement Fundraising Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2697.84 |
| 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 13 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Cherry Communications | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 227 N Bronough St Ste. 4100 | | | Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.4368 |
| City Tallahassee | State FL | Zip Code 32301 | |
| Purpose of Disbursement Polling | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Department of State | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 500 S Bronough Street | | | Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.4361 |
| City Tallahassee | State FL | Zip Code 32399 | |
| Purpose of Disbursement Qualifying Fee | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) c. eDonation | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 117 N Saint Asaph St | | | Amount of Each Disbursement this Period 54.67 Transaction ID : SB17.4426 |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Disbursement Credit Card Service Fees | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 12194.67 |
| 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 14 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. eDonation | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 117 N Saint Asaph St | | Amount of Each Disbursement this Period 112.04 |
| City Alexandria | State VA Zip Code 22314 | |
| Purpose of Disbursement Credit Card Service Fees | | Transaction ID : SB17.4427 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Category/ Type |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. KeyTech Consulting | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 3793 SW Pheasant Run | | Amount of Each Disbursement this Period 500.00 |
| City Palm City | State FL Zip Code 34990 | |
| Purpose of Disbursement Internet Marketing and Digital Consulting | | Transaction ID : SB17.4402 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Category/ Type |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. KeyTech Consulting | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014 |
| Mailing Address 3793 SW Pheasant Run | | Amount of Each Disbursement this Period 500.00 |
| City Palm City | State FL Zip Code 34990 | |
| Purpose of Disbursement Digital Consulting | | Transaction ID : SB17.4431 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Category/ Type |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1112.04 |
| 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 15 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mark Graphics | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 4230 Oak Circle | | Amount of Each Disbursement this Period 373.90 |
| City Boca Raton | State FL | |
| Zip Code 33431 | Purpose of Disbursement Printing | Transaction ID : SB17.4406 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Martin County REC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014 |
| Mailing Address 1111 SE Federal Highway Ste. 134 | | Amount of Each Disbursement this Period 250.00 |
| City Stuart | State FL | |
| Zip Code 34994 | Purpose of Disbursement Candidate Fee | Transaction ID : SB17.4371 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Reach Consulting | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 3715 Turtle Run Blvd Apt 234 | | Amount of Each Disbursement this Period 750.00 |
| City Coral Springs | State FL | |
| Zip Code 33067 | Purpose of Disbursement Fundraising Consulting | Transaction ID : SB17.4353 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1373.90 |
| 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 16 OF 24 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
SCHLESINGER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Reach Consulting | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 3715 Turtle Run Blvd Apt 234 | | Amount of Each Disbursement this Period 4,567,890.12 135.00 |
| City Coral Springs | State FL | |
| Zip Code 33067 | Purpose of Disbursement Event Tickets | Transaction ID : SB17.4355 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Reach Consulting | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 3715 Turtle Run Blvd Apt 234 | | Amount of Each Disbursement this Period 4,567,890.12 292.12 |
| City Coral Springs | State FL | |
| Zip Code 33067 | Purpose of Disbursement Travel | Transaction ID : SB17.4367 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Reach Consulting | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address 3715 Turtle Run Blvd Apt 234 | | Amount of Each Disbursement this Period 4,567,890.12 4000.00 |
| City Coral Springs | State FL | |
| Zip Code 33067 | Purpose of Disbursement Fundraising Consulting | Transaction ID : SB17.4405 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4427.12 |
| 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 17 OF 24 | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ALAN SCHLESINGER | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 2640A MITCHAM DRIVE | | Amount of Each Disbursement this Period 1787.99 |
| City TALLAHASSEE | State FL | |
| Zip Code 32308 | Purpose of Disbursement Postage, Advertising, Travel, Meals, Etc. | Transaction ID : SB17.4404 |
| Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: FL | District: 18 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. United States Post Office | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 1905 Blue Heron Blvd W | | Amount of Each Disbursement this Period 499.80 |
| City Riviera Beach | State FL | |
| Zip Code 33404 | Purpose of Disbursement Postage | Transaction ID : SB17.4404.0 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Congregation of Beth El West | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 2815 N Flagler Dr | | Amount of Each Disbursement this Period 250.00 |
| City West Palm Beach | State FL | |
| Zip Code 33407 | Purpose of Disbursement Event Food and Beverage | Transaction ID : SB17.4404.1 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: | District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1787.99 |
| 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 18 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Nationbuilder | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 448 S Hill St Ste. 200 | | Amount of Each Disbursement this Period 567.00 |
| City Los Angeles | State CA | |
| Zip Code 90013 | Purpose of Disbursement Internet, Website Design and Marketing | Transaction ID : SB17.4404.2 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Facebook | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 1601 Willow Road | | Amount of Each Disbursement this Period 409.18 |
| City Menlo Park | State CA | |
| Zip Code 94025 | Purpose of Disbursement Advertising | Transaction ID : SB17.4404.3 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Southern Campaign Resources | | Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014 |
| Mailing Address 235 E Virginia St | | Amount of Each Disbursement this Period 2000.00 |
| City Tallahassee | State FL | |
| Zip Code 32301 | Purpose of Disbursement Management Consulting | Transaction ID : SB17.4360 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2000.00 |
| 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 19 OF 24 | | | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. St. Lucie County 912 Tea Party | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014 | | |
| Mailing Address 2091 SE Erwin Road | | | Amount of Each Disbursement this Period 300.00 | | |
| City Port St. Lucie | State FL | Zip Code 34952 | Transaction ID : SB17.4432 | | |
| Purpose of Disbursement Event Tickets | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. TNT Dailey Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 | | |
| Mailing Address 924 Cherry Road | | | Amount of Each Disbursement this Period 8850.00 | | |
| City West Palm Beach | State FL | Zip Code 33409 | Transaction ID : SB17.4358 | | |
| Purpose of Disbursement Fundraising Consulting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. TNT Dailey Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 | | |
| Mailing Address 924 Cherry Road | | | Amount of Each Disbursement this Period 9000.00 | | |
| City West Palm Beach | State FL | Zip Code 33409 | Transaction ID : SB17.4363 | | |
| Purpose of Disbursement Fundraising Consulting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <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)..... | 18150.00 |
| 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 20 OF 24 | |
| | <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)
SCHLESINGER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. TNT Dailey Inc. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014 |
| Mailing Address 924 Cherry Road | | Amount of Each Disbursement this Period 1015.00 |
| City West Palm Beach | State FL | |
| Zip Code 33409 | Purpose of Disbursement Fundraising Consulting | Transaction ID : SB17.4430 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Wake Up Florida | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 3695 Boynton Beach Blvd Ste. 9 | | Amount of Each Disbursement this Period 1000.00 |
| City Boynton Beach | State FL | |
| Zip Code 33436 | Purpose of Disbursement Event Tickets and Sponsorship | Transaction ID : SB17.4364 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" 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 | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2015.00 |
| TOTAL This Period (last page this line number only)..... | 46761.14 |

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **SCHLESINGER FOR CONGRESS** Transaction ID : **SC/10.4115**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) ALAN SCHLESINGER | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2640A MITCHAM DRIVE | | |

| | | |
|-------------|-------|----------|
| City | State | ZIP Code |
| TALLAHASSEE | FL | 32308 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 25000.00 | 0.00 | 25000.00 |

TERMS

| | | | |
|----------------------|----------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 06 / D 05 / Y 2013 | M / D / Y none | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 25000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4187

SCHLESINGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ALAN SCHLESINGER

Primary

General

Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

09

20

2013

Date Due

none

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

25000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SCHLESINGER FOR CONGRESS** Transaction ID : **SC/10.4258**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
ALAN SCHLESINGER Primary
 Mailing Address 2640A MITCHAM DRIVE General
 Other (specify) ▼

City State ZIP Code
 TALLAHASSEE FL 32308

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 25000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 25000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|----------------------------|-------------------------------|---|
| Date Incurred M 03 / D 12 / Y 2014 | Date Due M / D / Y none | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|--------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 25000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4352

SCHLESINGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ALAN SCHLESINGER

Primary

General

Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 01 /

Y 2014 Y

M M /

D D /

Y none Y Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

25000.00

TOTALS This Period (last page in this line only)..... ▶

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.