

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Trey Radel, Inc.

ADDRESS (number and street)

P.O. Box 1329

Check if different than previously reported. (ACC)

Fort Myers

FL

33902

2. FEC IDENTIFICATION NUMBER ▼

C C00510768

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

19

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Barbara Bisnette

Signature of Treasurer Barbara Bisnette

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Trey Radel, Inc.

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))....	83621.00	836938.35
(b) Total Contribution Refunds (from Line 20(d))	250.00	3250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	83371.00	833688.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	116176.60	866897.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	116176.60	866897.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	153423.62	
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).....	206000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Trey Radel, Inc.

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
16876.00	586432.11	0.00
(ii) Unitemized		
3245.00	69181.24	25.00
(iii) Total of contributions from individuals		
20121.00	655613.35	25.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
63500.00	181325.00	7500.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 46

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
83621.00	836938.35	7525.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	206000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	206000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
83621.00	1042938.35	7525.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 46

Write or Type Committee Name

Friends of Trey Radel, Inc.

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
116176.60	866897.54	13892.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
250.00	3250.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 46

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
250.00	3250.00	0.00
21. OTHER DISBURSEMENTS		
8000.00	13000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
124426.60	883147.54	13892.19

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

83371.00	833688.35	7525.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

116176.60	866897.54	13892.19
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	194229.22
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	83621.00
25. SUBTOTAL (add Line 23 and Line 24).....	277850.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	124426.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	153423.62

**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 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Linda Bush		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012	
Mailing Address 6549 Marbella Dr		Transaction ID : SA11AI.12307	
City Naples	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 449.00		

Full Name (Last, First, Middle Initial) B. Linda Bush		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012	
Mailing Address 6549 Marbella Dr		Transaction ID : SA11AI.12308	
City Naples	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 699.00		

Full Name (Last, First, Middle Initial) C. Phillip H. Cohen		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012	
Mailing Address 1500 Ocean Drive Apt 903		Transaction ID : SA11AI.12179	
City Miami Beach	State FL	Zip Code 33139-3133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<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 Trey Radel, Inc.

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

Mailing Address 8 Indian Creek Island Road

City State Zip Code
Indian Creek Village FL 33154

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

Name of Employer Occupation
Consumer Club Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.12331

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Heather D Fitzenhagen

Mailing Address 1750 Marlyn Road

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Resolution Strategies Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.12282

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Jonathan M Frantz

Mailing Address 380 Keenan Ave

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Occupation
Frantz Catarack Center Catarack and Lasick Specialist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.11799

Amount of Each Receipt this Period
1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
Daniel Fujita

Mailing Address 2125 NW 86 Ave

City Miami State FL Zip Code 33122

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

Name of Employer Smile Market Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.12245

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 15183 Brolio Way

City Naples State FL Zip Code 34110

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

Name of Employer Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.11801

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2640A Mitcham Dr

City Tallahassee State FL Zip Code 32308-5400

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

Name of Employer Gutierrez and Associates Occupation Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.12261

Amount of Each Receipt this Period
 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
Ismael Hernandez

Mailing Address 13252 Hastings Lane

City Fort Myers State FL Zip Code 33913

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

Name of Employer Freedom & Virtue Institute Occupation Executive Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.12327

Amount of Each Receipt this Period
15.00

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

Mailing Address 162 Emerson Dr

City Sarasota State FL Zip Code 34236

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

Name of Employer Financial Insurance Management Occupation Chairman of the Board

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.12385

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Bernard J Long Jr.

Mailing Address 26651 Rookery Lake Dr

City Bonita Springs State FL Zip Code 34134

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.12297

Amount of Each Receipt this Period
500.00

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

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

2015.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
Steven E Martin

Mailing Address 3701 Del Prado Blvd

City Cape Coral State FL Zip Code 33904

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

Name of Employer Martin Law Firm Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.12338

Amount of Each Receipt this Period
500.00

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

Mailing Address 212 San Mateo Drive

City Bonita Springs State FL Zip Code 34134

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.12182

Amount of Each Receipt this Period
2500.00

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

Mailing Address 2121 Amargo Way

City Naples State FL Zip Code 34119

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

Name of Employer Capital Guardian Occupation Director Business Development

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.12304

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 12 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
Waclaw Pelc

Mailing Address 650 15th Ave. South

City Naples State FL Zip Code 34102

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

Name of Employer Pelconcepts, Inc. Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.12326

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J Peter Rizzo

Mailing Address 28570 Calabria Cr Unit 201

City Naples State FL Zip Code 34110

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

Name of Employer Old Naples Wholesale Wines LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.12379

Amount of Each Receipt this Period
300.00

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

Mailing Address 5216 Summerlin Commons Blvd

City Fort Myers State FL Zip Code 33907

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

Name of Employer Coldell Banker Residential Est Occupation Independent Contractor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
736.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.12390

Amount of Each Receipt this Period
411.00
In-kind - Food/Drinks

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

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

961.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
Alberta J Southhard

Mailing Address 7563 KeyDeer Ct

City State Zip Code
Ft Myers FL 33966

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

Name of Employer Occupation
Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period
50.00

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

Mailing Address 1708 McGregor Reserve Dr

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Self-Employed Business Consulting, Advocacy & More

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2012

Transaction ID : SA11AI.12381

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Wilfred S Templeton

Mailing Address 323 Ben Franklin Drive

City State Zip Code
Sarasota FL 34236

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

Name of Employer Occupation
Templeton Family Inc. Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2012

Transaction ID : SA11AI.12383

Amount of Each Receipt this Period
1000.00

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

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

3550.00

**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 14 OF 46
	<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 Trey Radel, Inc.

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

Mailing Address 5 Longmeadow Place

City Rotonda West State FL Zip Code 33947

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

Name of Employer Truex Construction Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.12293

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Samir S Vakil

Mailing Address 25311 Narwhal Lane

City Punta Gorda State FL Zip Code 33983

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

Name of Employer Fawcett Memorial Hospital Occupation Podiatrist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.12281

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

16876.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : SA11C.12371

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11C.12216

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : SA11C.12353

Amount of Each Receipt this Period
1500.00

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

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

9000.00

**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 16 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Trey Radel, Inc.

Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

A. Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 30 2012

Transaction ID : SA11C.12219

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CANTOR FOR CONGRESS

Mailing Address P.O. BOX 17813

City State Zip Code
RICHMOND VA 23226

FEC ID number of contributing federal political committee. **C C00355461**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 23 2012

Transaction ID : SA11C.12194

Amount of Each Receipt this Period
 2000.00
 In-kind - Charter Plane

C. Full Name (Last, First, Middle Initial)
CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 CAPITAL ONE DRIVE
ATTN: 19050-1204

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 05 2012

Transaction ID : SA11C.12355

Amount of Each Receipt this Period
 2500.00

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

5500.00

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 17 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11C.12369

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address **8400 WESTPARK DRIVE**

City **MCLEAN** State **VA** Zip Code **22102**

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11C.12222

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address **550 SOUTH TRYON STREET**

City **CHARLOTTE** State **NC** Zip Code **28202**

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11C.12202

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
FLORIDA CONGRESSIONAL COMMITTEE

Mailing Address **5821 HOLLYWOOD BLVD
SUITE 200**

City **HOLLYWOOD** State **FL** Zip Code **33021**

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11C.12185

Amount of Each Receipt this Period
 _____ **2500.00**

B. Full Name (Last, First, Middle Initial)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Mailing Address **P.O. BOX 6936
4800 DEERWOOD CAMPUS PARKWY, DC3-4**

City **JACKSONVILLE** State **FL** Zip Code **32236**

FEC ID number of contributing federal political committee. **C C00161141**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11C.12207

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

C. Full Name (Last, First, Middle Initial)
FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 3435**

City **ALEXANDRIA** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00410068**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11C.12225

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

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

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

_____ **4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
FREEDOM ADVANCEMENT FUND

Mailing Address 2470 DANIELL'S BRIDGE RD STE 121

City	State	Zip Code
ATHENS	GA	30606

FEC ID number of contributing federal political committee. **C** C00490235

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11C.12345

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
FUND FOR AMERICAN OPPORTUNITY

Mailing Address PO BOX 65796

City	State	Zip Code
WASHINGTON	DC	20035

FEC ID number of contributing federal political committee. **C** C00336297

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11C.12230

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2012

Transaction ID : SA11C.12377

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Trey Radel, Inc.

Full Name (Last, First, Middle Initial) GOOD FUND, THE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address PO BOX 3404		Transaction ID : SA11C.12188
City ALEXANDRIA	State VA	Zip Code 22302
FEC ID number of contributing federal political committee. C C00409185	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2012
Mailing Address 412 FIRST STREET, SE, SUITE 300		Transaction ID : SA11C.12365
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00022343	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 555 12TH STREET, NW SUITE 660		Transaction ID : SA11C.12241
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00217638	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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 21 OF 46
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11C.12359

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000
MC2250

City State Zip Code
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11C.12361

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1006 PENDLETON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00527309**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11C.12347

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 22 OF 46
	<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 Trey Radel, Inc.

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

Mailing Address **200 CONCORD PLAZA**
SUITE 425

City **SAN ANTONIO** State **TX** Zip Code **78216**

FEC ID number of contributing federal political committee. **C C00427435**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11C.12234

Amount of Each Receipt this Period
 _____ **2500.00**

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSN OF CEMETERIES D/B/A INTL CEMETERY CREMATION AND FUNERAL ASSN PAC (ICCF PAC)

Mailing Address **107 CARPENTER DRIVE**
SUITE 100

City **STERLING** State **VA** Zip Code **20164**

FEC ID number of contributing federal political committee. **C C00385195**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11C.12357

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

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1101 KING STREET**
SUITE 600

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11C.12243

Amount of Each Receipt this Period
 _____ **2500.00**

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

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

_____ **6000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F ST. NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11C.11809

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOCIATION PAC (RESTAURANT PAC)

Mailing Address 2055 L STREET, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11C.11804

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG

Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

FEC ID number of contributing federal political committee. **C** C00454074

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : SA11C.12367

Amount of Each Receipt this Period
2500.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11C.12199

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
PUBLIX SUPER MARKETS, INC. ASSOCIATES POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 407

City LAKELAND State FL Zip Code 33811

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11C.12236

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
TACO POLITICAL ACTION COMMITTEE

Mailing Address 6405 METCALF AVENUE, SUITE 503

City SHAWNEE MISSION State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11C.12191

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<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 Trey Radel, Inc.

A. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11C.12210

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11C.12212

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
TOM RICE FOR CONGRESS

Mailing Address 1107 48TH AVE. N.
SUITE 210

City MYRTLE BEACH State SC Zip Code 29577

FEC ID number of contributing federal political committee. **C** C00506048

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : SA11C.12373

Amount of Each Receipt this Period
 1000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

A. Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG
City WASHINGTON State DC Zip Code 20005

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11C.12375

FEC ID number of contributing federal political committee. **C** C00186288

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Full Name (Last, First, Middle Initial)

B. Mailing Address
City State Zip Code

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C. Mailing Address
City State Zip Code

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date

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

1000.00

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

63500.00

**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 27 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Barbara Bisnette		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 2115 NE 2nd St.		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.12448
City Cape Coral	State FL	
Zip Code 33909-2842	Purpose of Disbursement Financial Services and Accounting Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bracewell & Giuliani		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 1251 Ave of the Americas 49th Floor		Amount of Each Disbursement this Period 7684.50 Transaction ID : SB17.12442
City New York	State NY	
Zip Code 10020-1104	Purpose of Disbursement Legal Services Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. C2 Communications. LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 361 14th Street NE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.12420
City Naples	State FL	
Zip Code 34120	Purpose of Disbursement Food for Event	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9684.50
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 28 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. CANTOR FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P.O. BOX 17813		Amount of Each Disbursement this Period 2000.00
City RICHMOND	State VA	Zip Code 23226
Purpose of Disbursement In-kind - Charter Plane	Category/Type 007	
Candidate Name		Transaction ID : SB17.12196
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Abigail Mia Dosoretz		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 13221 Ponderosa Way		Amount of Each Disbursement this Period 2500.00
City Fort Myers	State FL	Zip Code 33907
Purpose of Disbursement Voter Contact Consulting/Management Consulting	Category/Type 001	
Candidate Name		Transaction ID : SB17.12429
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Financial Services Of SW FL		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 2234 Colonial Blvd Box 50		Amount of Each Disbursement this Period 397.50
City Fort Myers	State FL	Zip Code 33907
Purpose of Disbursement Rent for Office Space	Category/Type 001	
Candidate Name		Transaction ID : SB17.12406
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4897.50
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 29 OF 46			
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Financial Services Of SW FL			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 2234 Colonial Blvd Box 50			Amount of Each Disbursement this Period 397.50 Transaction ID : SB17.12430
City Fort Myers	State FL	Zip Code 33907	
Purpose of Disbursement Rent for Office Space	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Go Daddy			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 14455 N. Hayden Rd. Suite 226			Amount of Each Disbursement this Period 75.48 Transaction ID : SB17.12414
City Scottsdale	State AZ	Zip Code 85260	
Purpose of Disbursement Domain Name Renewal	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Thomas R Grady			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 10			Amount of Each Disbursement this Period 1212.25 Transaction ID : SB17.12443
City Naples	State FL	Zip Code 34106	
Purpose of Disbursement Reimbursement for Food/Drinks for Event	Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1685.23
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 30 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Port Royal Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 2900 Gordon Drive		Amount of Each Disbursement this Period 1212.25
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement Food/Drinks/ Audio Visual Equipment	Transaction ID : SB17.12443.0
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Hook Marketing & Design		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 2262 Westwood Dr		Amount of Each Disbursement this Period 2500.00
City North Fort Myers	State FL	
Zip Code 33917	Purpose of Disbursement Consulting Fee/ Business Cards	Transaction ID : SB17.12413
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Matt Hurley		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 7500 College Pkwy		Amount of Each Disbursement this Period 495.60
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement Voter Contact Fee / Mileage	Transaction ID : SB17.12424
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2995.60
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 31 OF 46			
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Mail Medic		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1721 Estelle Drive		Amount of Each Disbursement this Period 52.26 Transaction ID : SB17.12427
City Clearwater	State FL	
Zip Code 33756	Purpose of Disbursement Thank You Cards	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Mail Medic		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1721 Estelle Drive		Amount of Each Disbursement this Period 66.18 Transaction ID : SB17.12428
City Clearwater	State FL	
Zip Code 33756	Purpose of Disbursement Event Pictures	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Martin Air		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address PO Box 485		Amount of Each Disbursement this Period 252.83 Transaction ID : SB17.12408
City Sandston	State VA	
Zip Code 23150	Purpose of Disbursement Air Fare for Eric Cantor Trip	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	371.27
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 32 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 26.88 Transaction ID : SB17.12451
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 2.15 Transaction ID : SB17.12452
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 25.80 Transaction ID : SB17.12453
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	54.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 6.45 Transaction ID : SB17.12454
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 6.46 Transaction ID : SB17.12455
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.12416
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Payment for Use of Piryx	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	262.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46			
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 16.78 Transaction ID : SB17.12456
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Online Transaction Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 29.03 Transaction ID : SB17.12458
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Online Transaction Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 88.16 Transaction ID : SB17.12459
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Online Transaction Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	133.97
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 35 OF 46			
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.38
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Transaction ID : SB17.12457
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 150.50
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Transaction Fee	Transaction ID : SB17.12460
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Henry J. Radel III		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 4360 Lazio Way #1008		Amount of Each Disbursement this Period 1082.70
City Fort Myers	State FL	
Zip Code 33901	Purpose of Disbursement Reimbursement for Rooms Used for Election Night	Transaction ID : SB17.12450
Candidate Name	Category/ Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 19		

SUBTOTAL of Disbursements This Page (optional).....	1238.58
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 36 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Trianon Bonita Bay		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 3401 Bay Commons Drive		Amount of Each Disbursement this Period 1082.70
City Bonita Springs	State FL	
Zip Code 34134	Purpose of Disbursement Payment for Hotel Rooms Used on Election Night	Transaction ID : SB17.12450.0
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Marty Sheets		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 5216 Summerlin Commons Blvd		Amount of Each Disbursement this Period 411.00
City Fort Myers	State FL	
Zip Code 33907	Purpose of Disbursement In-kind - Food/Drinks	Transaction ID : SB17.12391
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stoney Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 403 Bayfront PI		Amount of Each Disbursement this Period 212.02
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement food/drinks	Transaction ID : SB17.12432
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	623.02
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 37 OF 46			
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Target Enterprises		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 15260 Ventura Blvd Suite 1240		Amount of Each Disbursement this Period 80000.00
City Sherman Oaks	State CA Zip Code 91403	
Purpose of Disbursement Broadcasting Advertising	Category/Type 004	Transaction ID : SB17.12400
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Cannon Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 1301K Street NW		Amount of Each Disbursement this Period 2000.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Fundraising Consulting Fee	Category/Type 003	Transaction ID : SB17.12445
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Simmons Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 3291 Riverpark Ct		Amount of Each Disbursement this Period 2500.00
City Bonita Springs	State FL Zip Code 34134	
Purpose of Disbursement Fundraising Consulting Fee	Category/Type 001	Transaction ID : SB17.12423
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	84500.00
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 38 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. The Simmons Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 3291 Riverpark Ct		Amount of Each Disbursement this Period 650.57
City Bonita Springs	State FL	
Zip Code 34134	Purpose of Disbursement food/drinks	Transaction ID : SB17.12433
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Simmons Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2012
Mailing Address 3291 Riverpark Ct		Amount of Each Disbursement this Period 8310.26
City Bonita Springs	State FL	
Zip Code 34134	Purpose of Disbursement Fundraising Consulting Fee	Transaction ID : SB17.12446
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) 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).....	8960.83
TOTAL This Period (last page this line number only).....	115408.24

**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 39 OF 46			
	<input type="checkbox"/> 17 <input checked="" 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)
Friends of Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. Linda Bush		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 6549 Marbella Dr		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.12508
City Naples	State FL	
Zip Code 34105	Purpose of Disbursement Individual indicated one of the contributions was made by accident	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B.		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	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

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	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

**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 40 OF 46
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. ADAM HASNER FOR US HOUSE		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address PO BOX 276093		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.12474
City BOCA RATON	State FL Zip Code 33427	
Purpose of Disbursement Contribution	011	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANDERSON FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 160 LOUISVILLE ROAD		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.12471
City GROVETOWN	State GA Zip Code 30813	
Purpose of Disbursement Contribution	011	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BENISHEK FOR CONGRESS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address PO BOX 108		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.12468
City GLADSTONE	State MI Zip Code 49837	
Purpose of Disbursement Contribution	011	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 41 OF 46	
	<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 Trey Radel, Inc.

Full Name (Last, First, Middle Initial) A. FRIENDS OF FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.12477
City MANCHESTER State NH Zip Code 03105	Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		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	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	8000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Trey Radel, Inc.** Transaction ID : **SC/10.10994**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Henry J. Radel III Primary
 Mailing Address 4360 Lazio Way #1008 General
 Other (specify) ▼

City State ZIP Code
 Fort Myers FL 33901

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
130000.00	0.00	130000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 07 / D 24 / Y 2012 M M / D D / Y 10/15/2014 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)..... ▶ 130000.00
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/10.11016

Friends of Trey Radel, Inc.

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

[PERSONAL FUNDS]

Election: 2012

Henry J. Radel III

Primary

General

Other (specify) ▼

Mailing Address

4360 Lazio Way
#1008

City

State

ZIP Code

Fort Myers

FL

33901

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

M 07 / D 25 / Y 2012

Date Due

M / D / Y 10/15/2014

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)..... ▶

30000.00

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/10.11057

Friends of Trey Radel, Inc.

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

[PERSONAL FUNDS]

Election: 2012

Henry J. Radel III

Primary

General

Other (specify) ▼

Mailing Address

4360 Lazio Way
#1008

City

State

ZIP Code

Fort Myers

FL

33901

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

MM / DD / YYYY
08 / 02 / 2012

Date Due

MM / DD / YYYY
10/15/2013

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)..... ▶

20000.00

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/10.11060

Friends of Trey Radel, Inc.

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

[PERSONAL FUNDS]

Election: 2012

Henry J. Radel III

Primary

General

Other (specify) ▼

Mailing Address

4360 Lazio Way
#1008

City

State

ZIP Code

Fort Myers

FL

33901

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

06

2012

10/15/2013

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)..... ▶

20000.00

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/10.11089

Friends of Trey Radel, Inc.

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

[PERSONAL FUNDS]

Election: 2012

Henry J. Radel III

Primary

General

Other (specify) ▼

Mailing Address

4360 Lazio Way
#1008

City

State

ZIP Code

Fort Myers

FL

33901

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

10

2012

10/15/2013

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).....

6000.00

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

206000.00

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