

RECEIVED
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Office Use Only

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Tony Khoury for Senate 2016

ADDRESS (number and street) PO Box 565087
Check if different than previously reported. (ACC) Miami FL 33256-5087

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00610972 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
FL

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 08 / 30 / 2016 in the State of FL

(c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 08 / 10 / 2016

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 Louisa Joseph
Signature of Treasurer Louisa Joseph Date 08 / 15 / 2016

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

201608180200340350

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tony Khoury for Senate 2016

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2016

To:

MM / DD / YYYY
08 / 10 / 2016

	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)) ...	12085.05	69931.75
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	12085.05	69931.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	34744.99	121235.33
(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)) ...	34744.99	121235.33
8. Cash on Hand at Close of Reporting Period (from Line 27)...	88696.42	
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)...	140000.00	

For further information contact:

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

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

201608180200340551

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 34

Write or Type Committee Name

Tony Khoury for Senate 2016

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2016

To:

MM / DD / YYYY
08 / 10 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

5550.00

25150.00

(ii) Unitemized.....

2350.00

3650.80

(iii) TOTAL of contributions from individuals .

7900.00

28800.80

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs)...

0.00

0.00

(d) The Candidate.....

4185.05

41130.95

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

12085.05

69931.75

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

140000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b))...

0.00

140000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

12085.05

209931.75

201608160200340352

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	34744.99	121235.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	34744.99	121235.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	111356.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	12085.05
25. SUBTOTAL (add Line 23 and Line 24)...	123441.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	34744.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	88696.42

201608180200340353

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

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

FOR LINE NUMBER: PAGE 5 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Full Name (Last, First, Middle Initial)
CL Conroy

Mailing Address 9631 SW 72 nd Ct

City Miami State FL Zip Code 33156

FEC ID number of contributing federal political committee. C

Name of Employer Conroy and Martinez Marketing Group Occupation marketing

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 07 / 19 / 2016

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period 250.00

Memo Item Contribution

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

Mailing Address 15425 SW 77 CT

City Palmetto Bay State FL Zip Code 33157

FEC ID number of contributing federal political committee. C

Name of Employer Madalon Law Firm Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 07 / 20 / 2016

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period 250.00

Memo Item Contribution

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

Mailing Address 1850 S Ocean Dr APT3104

City Hallandale Beach State FL Zip Code 33009

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 07 / 16 / 2016

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period 2500.00

Memo Item Contribution

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

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

3000.00

201608180200340354

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

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

Mailing Address 10360 SW 139 St

City	State	Zip Code
Miami	FL	33176

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

Name of Employer	Occupation
Jet Accessories	Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 MM / DD / YYYY
07 / 20 / 2016

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 6816 N. Baltusrol LN

City	State	Zip Code
Charlotte	NC	28210

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

Name of Employer	Occupation
retired	retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
07 / 07 / 2016

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

Mailing Address 3233 S. Andrews Ave.

City	State	Zip Code
Ft. Lauderdale	FL	33316

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

Name of Employer	Occupation
Ultra Design Build	architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 MM / DD / YYYY
07 / 15 / 2016

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1550.00

201608180200540355

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

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

Mailing Address **151 NE Olive Way**

City **Boca Raton** State **FL** Zip Code **33432**

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

Name of Employer **MRO Support, INC** Occupation **aviation**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2016

Transaction ID : **SA11AI.4656**

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

5550.00

201608180200340356

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

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

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Full Name (Last, First, Middle Initial)
Anton Khoury

Mailing Address PO Box 565087

City Miami State FL Zip Code 33256-5087

FEC ID number of contributing federal political committee. C S6FL00434

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
181130.95

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2016

Transaction ID : SA11D.4649

Amount of Each Receipt this Period
4185.05

Memo Item
In-kind Contribution - Payment of Credit Card Expenditures

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4185.05

4185.05

201608180200340357

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

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

FOR LINE NUMBER: PAGE 9 OF 34
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. ADP

Full Name (Last, First, Middle Initial)
Mailing Address One ADP Blvd.

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll Tax Deposit 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 01 / 2016

Amount of Each Disbursement this Period
2182.28

Transaction ID : SB17.4834

B. ADP

Full Name (Last, First, Middle Initial)
Mailing Address One ADP Blvd.

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll Processing Fee 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 08 / 2016

Amount of Each Disbursement this Period
99.99

Memo Item

Transaction ID : SB17.4838

C. ADP

Full Name (Last, First, Middle Initial)
Mailing Address One ADP Blvd.

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll Tax Deposit 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
08 / 02 / 2016

Amount of Each Disbursement this Period
2021.18

Transaction ID : SB17.4835

SUBTOTAL of Disbursements This Page (optional) 4303.45

TOTAL This Period (last page this line number only)

201608180200340356

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

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

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. African American Chamber of Central FL

Full Name (Last, First, Middle Initial)
 Mailing Address 3201 E. Colonial Dr. #A-20

City Orlando State FL Zip Code 32803

Purpose of Disbursement
 Event Expense - Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
 MM / DD / YYYY
 07 / 29 / 2016

Amount of Each Disbursement this Period
 250.00

Transaction ID : SB17.4761

B. Al Fajr Newspaper

Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 25582

City Tamarac State FL Zip Code 33320

Purpose of Disbursement
 Campaign Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
 MM / DD / YYYY
 08 / 08 / 2016

Amount of Each Disbursement this Period
 275.00

Transaction ID : SB17.4734

C. Almanber Arabic Newspaper

Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 551421

City Fort Lauderdale State FL Zip Code 33355

Purpose of Disbursement
 Campaign Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
 MM / DD / YYYY
 08 / 08 / 2016

Amount of Each Disbursement this Period
 900.00

Transaction ID : SB17.4733

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

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

1425.00

201608180200340359

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 OF 34
	<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)
Tony Khoury for Senate 2016

A. American Express

Full Name (Last, First, Middle Initial)
Mailing Address Bank of America
PO Box 851001

City Dallas State TX Zip Code 75285

Purpose of Disbursement
In-kind - Credit Card Expenses paid by Candidate (See Memos)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
08 / 01 / 2016

Amount of Each Disbursement this Period
4162.10

Category/Type: 001

Transaction ID : SB17.4839

B. Cafe Monte Carlo

Full Name (Last, First, Middle Initial)
Mailing Address 7090 N Atlantic Ave

City Cape Canaveral State FL Zip Code 32920

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 13 / 2016

Amount of Each Disbursement this Period
16.14

Category/Type: 001

Memo Item

Transaction ID : SB17.4839.0

C. Cedars Restaurant

Full Name (Last, First, Middle Initial)
Mailing Address 7732 West Sand Lake Road

City Orlando State FL Zip Code 32819

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 13 / 2016

Amount of Each Disbursement this Period
106.59

Category/Type: 001

Transaction ID : SB17.4839.1

SUBTOTAL of Disbursements This Page (optional)..... 4162.10

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

201508160200340360

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB17**

Transaction ID : **SB17.4839**

The candidate paid credit card expenditures out of personal funds. The in-kind contributions are disclosed on Schedule A, Line 11)d).

Form/Schedule:

Transaction ID:

201608180200340361

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

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

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Chevron

Full Name (Last, First, Middle Initial)

Mailing Address 1684 NW 27th Ave

City Miami State FL Zip Code 33125

Purpose of Disbursement Travel - Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
 07 / 12 / 2016

Amount of Each Disbursement this Period: 45.29

Category/Type: 002

Transaction ID : SB17.4839.2

B. Chevron

Full Name (Last, First, Middle Initial)

Mailing Address 1684 NW 27th Ave

City Miami State FL Zip Code 33125

Purpose of Disbursement Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
 07 / 07 / 2016

Amount of Each Disbursement this Period: 28.19

Category/Type: 002

Transaction ID : SB17.4839.3

C. Chevron

Full Name (Last, First, Middle Initial)

Mailing Address 1684 NW 27th Ave

City Miami State FL Zip Code 33125

Purpose of Disbursement Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
 07 / 14 / 2016

Amount of Each Disbursement this Period: 36.54

Category/Type: 002

Transaction ID : SB17.4839.4

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

201608160200340362

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<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)
Tony Khoury for Senate 2016

A. Country Inn and Suites

Full Name (Last, First, Middle Initial)
Mailing Address 9009 Astronaut Blvd

City State Zip Code
Cape Canaveral FL 32920

Purpose of Disbursement
Travel - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 13 / 2016

Amount of Each Disbursement this Period
238.62

Category/Type: 002

Transaction ID : SB17.4839.5

B. Exxon Mobil

Full Name (Last, First, Middle Initial)
Mailing Address 4389 University Blvd S

City State Zip Code
Jacksonville FL 32216

Purpose of Disbursement
Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 09 / 2016

Amount of Each Disbursement this Period
43.11

Memo Item

Transaction ID : SB17.4839.6

C. Exxon Mobil

Full Name (Last, First, Middle Initial)
Mailing Address 4389 University Blvd S

City State Zip Code
Jacksonville FL 32216

Purpose of Disbursement
Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 12 / 2016

Amount of Each Disbursement this Period
33.92

Category/Type: 002

Transaction ID : SB17.4839.7

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

201608150200340353

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 15 OF 34
	<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)
Tony Khoury for Senate 2016

A. Exxon Mobil

Full Name (Last, First, Middle Initial)

Mailing Address 4389 University Blvd S

City Jacksonville State FL Zip Code 32216

Purpose of Disbursement Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 19 / 2016

Amount of Each Disbursement this Period: 25.62

Category/Type: 002

Transaction ID : SB17.4839.8

B. Facebook

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Campaign Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 01 / 2016

Amount of Each Disbursement this Period: 474.15

Category/Type: 004

Memo Item

Transaction ID : SB17.4839.9

C. Gladiolus Petroleum

Full Name (Last, First, Middle Initial)

Mailing Address 7137 Maida Ln

City Fort Myers State FL Zip Code 33908

Purpose of Disbursement Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 09 / 2016

Amount of Each Disbursement this Period: 30.38

Category/Type: 002

Transaction ID : SB17.4839.10

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

201608180200340354

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 34	
	<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)
Tony Khoury for Senate 2016

Full Name (Last, First, Middle Initial) A. Open Stage Club		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 2325 Galiano St		Amount of Each Disbursement this Period 627.95
City Coral Gables State FL Zip Code	Category/Type 007	
Purpose of Disbursement Campaign Event Facility Expense		Transaction ID : SB17.4839.11
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Memo Item	

Full Name (Last, First, Middle Initial) B. Racetrac		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 6001 S John Young Pkwy		Amount of Each Disbursement this Period 30.34
City Orlando State FL Zip Code 32809	Category/Type 002	
Purpose of Disbursement Travel-Gas		Transaction ID : SB17.4839.12
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Memo Item	

Full Name (Last, First, Middle Initial) C. Ramallah Club of S.F.		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1951 Ocean Ave		Amount of Each Disbursement this Period 102.00
City San Francisco State CA Zip Code 94127	Category/Type 007	
Purpose of Disbursement Campaign Event - Facility Expense		Transaction ID : SB17.4839.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Memo Item	

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

201608180200340365

**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)

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Ramallah Club of S.F.

Full Name (Last, First, Middle Initial)
Mailing Address 1951 Ocean Ave

City San Francisco State CA Zip Code 94127

Purpose of Disbursement Campaign Event Facility Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 07 / 2016

Amount of Each Disbursement this Period: 909.84

Category/Type: 007

Transaction ID: SB17.4839.14

B. Shell Oil

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 11 / 2016

Amount of Each Disbursement this Period: 36.24

Category/Type: 002

Transaction ID: SB17.4839.15

C. Shell Oil

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Travel-Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 14 / 2016

Amount of Each Disbursement this Period: 12.88

Category/Type: 002

Transaction ID: SB17.4839.16

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

201608180200340366

**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)

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Shell Oil

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Travel-Gas, Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 19 / 2016

Amount of Each Disbursement this Period: 10.31

Category/Type: 002

Transaction ID : SB17.4839.17

B. Sunpass

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 880029

City Boca Raton State FL Zip Code 33488

Purpose of Disbursement Travel - Tolls

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 12 / 2016

Amount of Each Disbursement this Period: 50.00

Memo Item

Transaction ID : SB17.4839.18

C. Sunpass

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 880029

City Boca Raton State FL Zip Code 33488

Purpose of Disbursement Travel - Tolls

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 26 / 2016

Amount of Each Disbursement this Period: 50.00

Category/Type: 002

Transaction ID : SB17.4839.19

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

201608180200340367

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 34	
	<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)
Tony Khoury for Senate 2016

A. TC News Advertisement

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9009

City State Zip Code
Stuart FL 34995

Purpose of Disbursement
Campaign Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 02 / 2016

Amount of Each Disbursement this Period
1250.00

Category/Type: 004

Transaction ID : SB17.4839.20

B. WIX.com

Full Name (Last, First, Middle Initial)
Mailing Address 500 Terry A Francois Blvd

City State Zip Code
San Francisco CA 94158

Purpose of Disbursement
Website Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2016

Amount of Each Disbursement this Period
3.99

Memo Item

Transaction ID : SB17.4839.21

C. Michael Bodomov

Full Name (Last, First, Middle Initial)
Mailing Address 2341 Haitian Dr. Apt 5

City State Zip Code
Clearwater FL 33763

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
08 / 02 / 2016

Amount of Each Disbursement this Period
500.00

Category/Type: 001

Transaction ID : SB17.4736

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

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

500.00

201608180200340368

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

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

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Cash Adjustment

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
 Cash Adjustment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
 MM / DD / YYYY
 08 / 10 / 2016

Amount of Each Disbursement this Period
 -29.08

Memo Item

Transaction ID : SB17.4887

Category/Type: 001

B. Chevron

Full Name (Last, First, Middle Initial)

Mailing Address 1684 NW 27th Ave

City State Zip Code
 Miami FL 33125

Purpose of Disbursement
 Travel - Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
 MM / DD / YYYY
 08 / 08 / 2016

Amount of Each Disbursement this Period
 34.62

Memo Item

Transaction ID : SB17.4782

Category/Type: 002

C. Jennifer Cusato

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 565087

City State Zip Code
 Miami FL 33256

Purpose of Disbursement
 Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
 MM / DD / YYYY
 07 / 01 / 2016

Amount of Each Disbursement this Period
 4438.42

Memo Item

Transaction ID : SB17.4829

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 4443.96

TOTAL This Period (last page this line number only)

201608180200340369

**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 21 OF 34	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Jennifer Cusato

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 565087

City Miami State FL Zip Code 33256

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 02 / 2016

Amount of Each Disbursement this Period: 4438.42

Category/Type: 001

Transaction ID: SB17.4830

B. Fotoluminate

Full Name (Last, First, Middle Initial)

Mailing Address 1208 Medina Ave.

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement Photography

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2016

Amount of Each Disbursement this Period: 3000.00

Category/Type: 001

Transaction ID: SB17.4821

C. Four Points Sheraton

Full Name (Last, First, Middle Initial)

Mailing Address 8520 Baymeadows Road

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement Travel-Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 01 / 2016

Amount of Each Disbursement this Period: 201.14

Category/Type: 002

Transaction ID: SB17.4806

SUBTOTAL of Disbursements This Page (optional)..... 7639.56

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

201608180200340370

**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 22 OF 34			
	<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)
Tony Khoury for Senate 2016

A. Four Points Sheraton

Full Name (Last, First, Middle Initial)

Mailing Address 8520 Baymeadows Road

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement Travel-Lodging **002**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 01 / 2016

Amount of Each Disbursement this Period: 201.14

Transaction ID : SB17.4807

B. Four Points Sheraton

Full Name (Last, First, Middle Initial)

Mailing Address 8520 Baymeadows Road

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement Travel-Lodging **002**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 08 / 2016

Amount of Each Disbursement this Period: 201.14

Transaction ID : SB17.4810

C. Four Points Sheraton

Full Name (Last, First, Middle Initial)

Mailing Address 8520 Baymeadows Road

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement Travel-Lodging **002**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 08 / 2016

Amount of Each Disbursement this Period: 301.71

Transaction ID : SB17.4811

SUBTOTAL of Disbursements This Page (optional) 703.99

TOTAL This Period (last page this line number only)

201608180200340571

**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 23 OF 34	
	<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)
Tony Khoury for Senate 2016

A. Greater Tampa Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 420

City Tampa State FL Zip Code 33601

Purpose of Disbursement
Event Expense - Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 12 / 2016

Amount of Each Disbursement this Period
250.00

Transaction ID : SB17.4753

Category/Type: 001

B. Douglas Hamatie

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 565087

City Miami State FL Zip Code 33256

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
07 / 01 / 2016

Amount of Each Disbursement this Period
2152.40

Transaction ID : SB17.4831

Category/Type: 001

c. Douglas Hamatie

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 565087

City Miami State FL Zip Code 33256

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement
MM / DD / YYYY
08 / 02 / 2016

Amount of Each Disbursement this Period
2152.40

Transaction ID : SB17.4832

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 4554.80

TOTAL This Period (last page this line number only)

201608160200340372

**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)

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Mary Hatem

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 565087

City Miami State FL Zip Code 33256

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2016

Amount of Each Disbursement this Period: 554.10

Category/Type: 001

Transaction ID : SB17.4833

B. Hilton Garden Inn

Full Name (Last, First, Middle Initial)

Mailing Address 13305 Tampa Oaks Blvd

City Temple Terrac State FL Zip Code 33637

Purpose of Disbursement Travel-Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2016

Amount of Each Disbursement this Period: 207.54

Category/Type: 002

Transaction ID : SB17.4813

C. Hilton Garden Inn

Full Name (Last, First, Middle Initial)

Mailing Address 13305 Tampa Oaks Blvd

City Temple Terrac State FL Zip Code 33637

Purpose of Disbursement Travel-Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2016

Amount of Each Disbursement this Period: 222.26

Category/Type: 002

Transaction ID : SB17.4814

SUBTOTAL of Disbursements This Page (optional)..... 983.90

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

201608180200340373

**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 25 OF 34			
	<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)
Tony Khoury for Senate 2016

A. Lakeland Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address 35 Lake Morton Dr.

City Lakeland State FL Zip Code 33801

Purpose of Disbursement Event Expense Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 14 / 2016

Amount of Each Disbursement this Period: 225.00

Category/Type: 001

Transaction ID : SB17.4757

B. Menudo Entertainment

Full Name (Last, First, Middle Initial)
Mailing Address 133 Puritan Road

City Swampscott State MA Zip Code 01907

Purpose of Disbursement Marketing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2016

Amount of Each Disbursement this Period: 800.00

Category/Type: 004

Transaction ID : SB17.4837

C. Paula Edwards CPA

Full Name (Last, First, Middle Initial)
Mailing Address 1200 G St, NW #800

City Washington State DC Zip Code 20005

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 25 / 2016

Amount of Each Disbursement this Period: 700.00

Category/Type: 001

Transaction ID : SB17.4724

SUBTOTAL of Disbursements This Page (optional) 1725.00

TOTAL This Period (last page this line number only)

201608160200340374

**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)

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

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 N. First St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 31 / 2016

Amount of Each Disbursement this Period: 87.16

Category/Type: 001

Transaction ID : SB17.4772

B. Physical Works Advertising

Full Name (Last, First, Middle Initial)

Mailing Address Po Box 370366

City Miami State FL Zip Code 33137

Purpose of Disbursement Campaign Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 26 / 2016

Amount of Each Disbursement this Period: 494.19

Category/Type: 004

Transaction ID : SB17.4729

C. Pollock Group(JAX Hob Nob)

Full Name (Last, First, Middle Initial)

Mailing Address 1225 W. Beaver St. #204-A1

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement Event Expense - Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2016

Amount of Each Disbursement this Period: 425.00

Category/Type: 001

Transaction ID : SB17.4763

SUBTOTAL of Disbursements This Page (optional)..... 1006.35

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

201608180200340375

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

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

FOR LINE NUMBER: PAGE 27 OF 34
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Puerto Rican Bar Association of FL

Full Name (Last, First, Middle Initial)
Mailing Address 517 W. Colonial Dr

City Orlando State FL Zip Code 32804

Purpose of Disbursement
Event Expense - Tickets 001

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2016

Amount of Each Disbursement this Period
250.00

Transaction ID : SB17.4765

B. Sanford Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address 400 East First Street

City Sanford State FL Zip Code 32771

Purpose of Disbursement
Event Expense Tickets 001

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 12 / 2016

Amount of Each Disbursement this Period
250.00

Transaction ID : SB17.4742

C. Seminole County Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address 1055 AAA Drive #153

City Heathrow State FL Zip Code 32746

Purpose of Disbursement
Event Expense - Tickets 001

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify)

State: District: Memo Item

Date of Disbursement: MM / DD / YYYY
07 / 12 / 2016

Amount of Each Disbursement this Period
395.00

Transaction ID : SB17.4747

SUBTOTAL of Disbursements This Page (optional) 895.00

TOTAL This Period (last page this line number only)

201608180200340376

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

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

FOR LINE NUMBER: **PAGE 28 OF 34**
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Robert Simmons

Full Name (Last, First, Middle Initial)
Mailing Address 5473 Conway Point Ct

City Orlando State FL Zip Code 32812

Purpose of Disbursement Payroll
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 09 / 2016

Amount of Each Disbursement this Period: 500.00
 Memo Item

Transaction ID : SB17.4738

Category/Type: 001

B. South Lake Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address 620 W. Montrose St

City Clermont State FL Zip Code 34711

Purpose of Disbursement Event Expense Tickets
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 14 / 2016

Amount of Each Disbursement this Period: 350.00
 Memo Item

Transaction ID : SB17.4755

Category/Type: 001

C. St. Johns County Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address 1 News Place

City St. Augustine State FL Zip Code 32086

Purpose of Disbursement Event Expense - Tickets
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 12 / 2016

Amount of Each Disbursement this Period: 150.00
 Memo Item

Transaction ID : SB17.4745

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1000.00

TOTAL This Period (last page this line number only)..... 33343.11

201608180200340377

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 29 OF 34
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full) **Tony Khoury for Senate 2016** Transaction ID : **SC/10.4222**

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item
Anton Khoury Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 565087

City State ZIP Code
Miami FL 33256-5087

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS Date Incurred Date Due Interest Rate Secured:
M 04 / D 28 / Y 2016 M M / D D / Y Y Y Y Y None 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)... ▶ 10000.00

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.

201608180200340378

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

NAME OF COMMITTEE (In Full) **Tony Khoury for Senate 2016** Transaction ID : **SC/10.4223**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS] Memo Item	Election: 2016
Anton Khoury	<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 565087	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

City	State	ZIP Code
Miami	FL	33256-5087

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 11 / 2016	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	10000.00
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.

201608180200540579

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) **Tony Khoury for Senate 2016** Transaction ID : **SC/10.4224**

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item
Anton Khoury

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address PO Box 565087

City State ZIP Code
Miami FL 33256-5087

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

10000.00 0.00 10000.00

TERMS Date Incurred Date Due Interest Rate Secured:

M 06 / D 01 / Y 2016 M M / D D / Y None 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)... ▶ 10000.00

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.

201608180200340380

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Tony Khoury for Senate 2016** Transaction ID : **SC/10.4225**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS]** Memo Item

Anton Khoury

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 565087

City State ZIP Code

Miami FL 33256-5087

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: M 06 / D 06 / Y 2016
 Date Due: M M / D D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 10000.00

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.

201608180200340381

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4226**
Tony Khoury for Senate 2016

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item Election: 2016
Anton Khoury Primary
 General
 Other (specify) ▼

Mailing Address PO Box 565087

City State ZIP Code
 Miami FL 33256-5087

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 50000.00 0.00 50000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M⁰⁶ / D²² / Y²⁰¹⁶ M / D / Y^{None} 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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.

201608180200340382

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Tony Khoury for Senate 2016** Transaction ID : **SC/10.4227**

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item
Anton Khoury Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 565087

City State ZIP Code
 Miami FL 33256-5087

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 50000.00 0.00 50000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 06 / D 22 / Y 2016 M M / D D / Y None 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) ... ▶ 50000.00
TOTALS This Period (last page in this line only) ... ▶ 140000.00

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

201606100200340383

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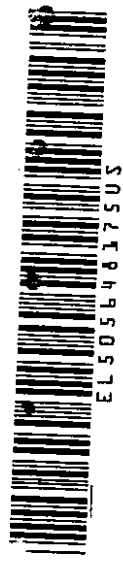


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Miami, FL 33177

PHONE: 305-203-0976

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Signature Required (Customer Use Only)
Signature Required Note: The mailer must check the "Signature Required" box if the mailer:
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Requires Return Receipt service. Signature for is not checked, the Postal Service will leave the item in the addressee's
mailbox. Return Receipt service is not checked, the Postal Service will attempt to obtain the addressee's signature on delivery.
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To: Tony & Kathy 20309 76
Miami, FL 33177

PHONE: 305-203-0976

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PO ZIP Code: 33177

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Date Accepted (MM/DD/YYYY): 5/11/11

Scheduled Delivery Time:
 10:30 AM 3:00 PM
 7:00 AM 10:30 AM

Time Accepted:
 AM PM
 Flat Rate Ins.

Weight: 4.54 lbs. 10.00 oz.

Postage: \$ 2.21

Insurance Fee: \$

Return Receipt Fee: \$

COD Fee: \$

Live Animal Transportation Fee: \$

Total Postage & Fees: \$

Employee Signature: [Signature]

DELIVERY (POSTAL SERVICE USE ONLY)

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 AM PM

Employee Signature:

Delivery Attempt (MM/DD/YYYY) Time:
 AM PM

Employee Signature:

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Postmark

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

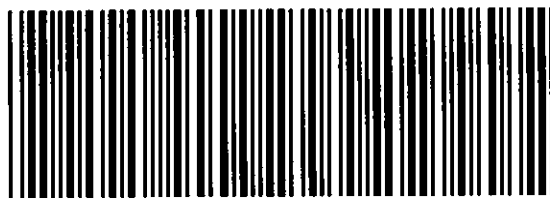
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

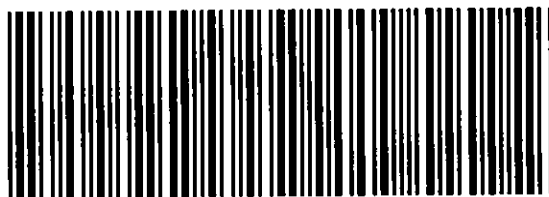
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 8-18-16

201608180200340385



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SEN PATCH

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