

# 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

Castor for Congress

ADDRESS (number and street)

301 W. Platt Street, #385

Check if different than previously reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

C C00410761

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Amy Martin

Signature of Treasurer Amy Martin

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Castor for Congress**

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))....	31175.00	32542.22
(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)).....	31175.00	32542.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24518.32	55426.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	185.23	185.23
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24333.09	55240.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	528193.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Castor for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1250.00	1250.00
(ii) Unitemized.....	925.00	1220.00
(iii) TOTAL of contributions from individuals ▶	2175.00	2470.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	29000.00	30072.22
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31175.00	32542.22
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	185.23	185.23
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	503.67	870.95
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	31863.90	33598.40

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24518.32	55426.08
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 .....	25000.00	25000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	49518.32	80426.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	545848.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31863.90
25. SUBTOTAL (add Line 23 and Line 24).....	577712.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49518.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	528193.77

**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 5 OF 26
	<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)  
**Castor for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Castor**

Mailing Address 445 S. 12th Street #1804

City Tampa State FL Zip Code 33602

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C5695355**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dion Sena**

Mailing Address 1301 NE 104th Street

City Miami State FL Zip Code 33138

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

Name of Employer Mandarin H.G Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2013

**Transaction ID : C5695841**

Amount of Each Receipt this Period  
 1000.00

**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).....

1250.00

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<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)  
**Castor for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACP Services PAC**

Mailing Address 25 Massachusetts Ave, NW  
Suite 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00403881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : C5680726**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Association Of Nurse Anesthetists**

Mailing Address 25 Massachusetts Ave NW  
Ste 550

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C5713344**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Health Care Association PAC**

Mailing Address 1201 L Street Northwest

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C5713338**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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)  
**Castor for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**

Mailing Address 325 Seventh Street North West  
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2013

**Transaction ID : C5713341**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Optometric Association PAC**

Mailing Address 1505 Prince Street  
Suite 300

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2013

**Transaction ID : C5713346**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal Political Action Committee**

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2013

**Transaction ID : C5713337**

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 8 OF 26
	<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)  
**Castor for Congress**

**A. Bright House Networks LLC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 21st Street NW  
 Suite 300  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00402875**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2013  
**Transaction ID : C5713336**  
 Amount of Each Receipt this Period  
 1000.00

**B. CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7000 CARDINAL PLACE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C C00332833**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2013  
**Transaction ID : C5713339**  
 Amount of Each Receipt this Period  
 2000.00

**C. GOOGLE INC. NETPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 New York Ave NW  
 Second Floor  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00428623**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013  
**Transaction ID : C5713350**  
 Amount of Each Receipt this Period  
 1000.00

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

4000.00



**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 26
	<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)  
**Castor for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Holland & Knight**

Mailing Address 2099 Pennsylvania Avenue Northwest  
Suite 100

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C5713340**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**International Association Of Firefighters**

Mailing Address 1750 New York Avenue North West

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C5713352**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers**

Mailing Address 900 Seventh Street Northwest

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2013

**Transaction ID : C5713335**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

**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 26
	<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)  
**Castor for Congress**

**A. NATIONAL ACTION COMMITTEE (NACPAC)**

Full Name (Last, First, Middle Initial)  
NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 SHERIDAN ST.  
#424

City State Zip Code  
HOLLYWOOD FL 33021

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : C5680727**

Amount of Each Receipt this Period  
2500.00

**B. National Beer Wholesalers Association PAC**

Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C5713347**

Amount of Each Receipt this Period  
2500.00

**C. National Cable and Telecommunications Association**

Full Name (Last, First, Middle Initial)  
National Cable and Telecommunications Association

Mailing Address 25 Massachusetts Avenue NW  
Suite 100

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C5713345**

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: PAGE 11 OF 26  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Castor for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Publix Super Markets Associates PAC**

Mailing Address **PO BOX 407**

City **Lakeland** State **FL** Zip Code **33802**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2013**

**Transaction ID : C5713333**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **1100 Wilson Boulevard  
Suite 1500**

City **Arlington** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : C5713351**

Amount of Each Receipt this Period  
**1000.00**

**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).....

**2000.00**

**29000.00**

**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 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. NorthStar Bank</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2013	
Mailing Address 400 N Ashley Drive		<b>Transaction ID : C5713423</b>	
City Tampa	State FL	Zip Code 33602	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 182.22	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 870.95		

Full Name (Last, First, Middle Initial) <b>B. NorthStar Bank</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2013	
Mailing Address 400 N Ashley Drive		<b>Transaction ID : C5713422</b>	
City Tampa	State FL	Zip Code 33602	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 157.14	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 870.95		

Full Name (Last, First, Middle Initial) <b>C. NorthStar Bank</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2013	
Mailing Address 400 N Ashley Drive		<b>Transaction ID : C5713421</b>	
City Tampa	State FL	Zip Code 33602	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 164.31	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 870.95		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	503.67
<b>TOTAL</b> This Period (last page this line number only).....	503.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26			
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Accurate Word LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013		
Mailing Address P.O. Box 1765			Amount of Each Disbursement this Period 394.00		
City White Plains	State MD	Zip Code 20695	Transaction ID : D312470		
Purpose of Disbursement Printing		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Acqua AI 2</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013		
Mailing Address 212 7th Street SE			Amount of Each Disbursement this Period 820.62		
City Washington	State DC	Zip Code 20003	Transaction ID : D312434		
Purpose of Disbursement Fundraising Event - food & beverage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013		
Mailing Address 5565 Glenridge Connector			Amount of Each Disbursement this Period 137.88		
City Atlanta	State GA	Zip Code 30342	Transaction ID : D312432		
Purpose of Disbursement Telephone		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1352.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26			
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 137.68
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<b>Transaction ID : D312478</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2013
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 137.68
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<b>Transaction ID : D312458</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bright House Networks</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2013
Mailing Address 700 Carillon Pkwy		Amount of Each Disbursement this Period 185.23
City Saint Petersburg State FL Zip Code 33716	Purpose of Disbursement Telephone & internet service	
Candidate Name	Category/Type	<b>Transaction ID : D312431</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	460.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bright House Networks</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 700 Carillon Pkwy		Amount of Each Disbursement this Period 75.38 <b>Transaction ID : D312445</b>
City Saint Petersburg	State FL	
Zip Code 33716	Purpose of Disbursement Telephone & internet services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Courtyard DC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 1325 2nd St NE		Amount of Each Disbursement this Period 193.03 <b>Transaction ID : D312479</b>
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel - hotel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Courtyard DC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address 1325 2nd St NE		Amount of Each Disbursement this Period 9.97 <b>Transaction ID : D312480</b>
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Parking	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	278.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26			
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Coventry Health Care Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013		
Mailing Address 6720 - B Rockledge Drive, Suite 70			Amount of Each Disbursement this Period 196.71		
City Bethesda	State MD	Zip Code 20817	Transaction ID : D312474		
Purpose of Disbursement Employee benefits		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Coventry Health Care Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013		
Mailing Address 6720 - B Rockledge Drive, Suite 70			Amount of Each Disbursement this Period 196.71		
City Bethesda	State MD	Zip Code 20817	Transaction ID : D312452		
Purpose of Disbursement Employee benefits		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Fairfield Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013		
Mailing Address 4101 NW 11th Street			Amount of Each Disbursement this Period 386.46		
City Miami	State FL	Zip Code 33126	Transaction ID : D312468		
Purpose of Disbursement Travel - hotel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	779.88
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Florida Inaugural Ball</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address #1 Second Street NE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D312437</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Event tickets	
Candidate Name	Category/Type	
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>B. Hotwire</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2013
Mailing Address 333 Market St., Ste. 100		Amount of Each Disbursement this Period 258.97 <b>Transaction ID : D312450</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Travel - air	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lansdowne Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2013
Mailing Address 10333 East Dry Creek Road		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : D312455</b>
City Englewood State CO Zip Code 80112	Purpose of Disbursement Democratic Caucus Conference	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2308.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26			
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Meghan Eileen Meehan-Draper</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013		
Mailing Address 3627 Dexter Drive			Amount of Each Disbursement this Period 1574.00		
City Tallahassee	State FL	Zip Code 32312	Transaction ID : D312448		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Meghan Eileen Meehan-Draper</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013		
Mailing Address 3627 Dexter Drive			Amount of Each Disbursement this Period 40.00		
City Tallahassee	State FL	Zip Code 32312	Transaction ID : D312442		
Purpose of Disbursement Reimburse - parking		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Meghan Eileen Meehan-Draper</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013		
Mailing Address 3627 Dexter Drive			Amount of Each Disbursement this Period 1574.00		
City Tallahassee	State FL	Zip Code 32312	Transaction ID : D312444		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3188.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26			
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Meghan Eileen Meehan-Draper</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2013
Mailing Address 3627 Dexter Drive		Amount of Each Disbursement this Period 1640.00 <b>Transaction ID : D312463</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Meghan Eileen Meehan-Draper</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address 3627 Dexter Drive		Amount of Each Disbursement this Period 1580.00 <b>Transaction ID : D312464</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Meghan Eileen Meehan-Draper</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address 3627 Dexter Drive		Amount of Each Disbursement this Period 356.52 <b>Transaction ID : D312465</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Reimburse - mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3576.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Meghan Eileen Meehan-Draper</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address 3627 Dexter Drive		Amount of Each Disbursement this Period 1580.00 <b>Transaction ID : D312477</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Meghan Eileen Meehan-Draper</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 3627 Dexter Drive		Amount of Each Disbursement this Period 1580.00 <b>Transaction ID : D312482</b>
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address 1101 15th Street NW		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : D312451</b>
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement website,data,support	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3510.00
<b>TOTAL</b> 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 21 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tampa Organization of Black Affairs</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address P.O. Box 3485		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D312438</b>
City Tampa State FL Zip Code 33601	Purpose of Disbursement MLK breakfast tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The George</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address 15 E Street NW		Amount of Each Disbursement this Period 1669.50 <b>Transaction ID : D312485</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Fundraising event food & beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2013
Mailing Address P.O. Box 1501		Amount of Each Disbursement this Period 309.80 <b>Transaction ID : D312486</b>
City Winston Salem State NC Zip Code 27102	Purpose of Disbursement Travel - air	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2479.30
<b>TOTAL</b> 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 22 OF 26		
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address P.O. Box 1501		Amount of Each Disbursement this Period 257.60 <b>Transaction ID : D312441</b>
City Winston Salem	State NC	
Zip Code 27102	Purpose of Disbursement Travel - air	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2013
Mailing Address P.O. Box 1501		Amount of Each Disbursement this Period 343.80 <b>Transaction ID : D312460</b>
City Winston Salem	State NC	
Zip Code 27102	Purpose of Disbursement Travel - air	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013
Mailing Address P.O. Box 1501		Amount of Each Disbursement this Period 233.80 <b>Transaction ID : D312446</b>
City Winston Salem	State NC	
Zip Code 27102	Purpose of Disbursement Travel - air	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	835.20
<b>TOTAL</b> 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 23 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address P.O. Box 1501		Amount of Each Disbursement this Period 325.80 <b>Transaction ID : D312484</b>
City Winston Salem	State NC	
Zip Code 27102	Purpose of Disbursement Travel - air	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 168.00 <b>Transaction ID : D312449</b>
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. US Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 908.50 <b>Transaction ID : D312439</b>
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1402.30
<b>TOTAL</b> 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 24 OF 26			
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 579.00
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	<b>Transaction ID : D312459</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 1152.00
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	<b>Transaction ID : D312487</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 974.20
City Washington State DC Zip Code 20220	Purpose of Disbursement 1120POL taxes	
Candidate Name	Category/Type	<b>Transaction ID : D312483</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2705.20
<b>TOTAL</b> 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 25 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. William R Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address 3012 Harbor view Ave		Amount of Each Disbursement this Period 820.63 <b>Transaction ID : D312435</b>
City Tampa	State FL Zip Code 33611	
Purpose of Disbursement Memo'd-Reimburse fundraising event food & beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Acqua Al 2</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address 212 7th Street SE		Amount of Each Disbursement this Period 820.63 <b>Transaction ID : D312436</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising event food & beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	820.63
<b>TOTAL</b> This Period (last page this line number only).....	23697.47

**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 26 OF 26	
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 08 / 2013</b>
Mailing Address <b>430 S Capitol Street, S.E.</b>		Amount of Each Disbursement this Period <b>25000.00</b> <b>Transaction ID : D312462</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Contribution</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>25000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>25000.00</b>