

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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** C00410761 **CITY** **STATE** FL **ZIP CODE** 33606 **STATE** FL **DISTRICT** 11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 04 01 2009 through 06 30 2009

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 Electronically Filed by Amy Martin Date 05 18 2010

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

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

A. Form/Schedule : **F3A**

Change made to the disbursement type, correcting the reporting line within the disbursements. Also corrects ytd figures for same.

Transaction ID :

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Castor for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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)).....	85903.00	144095.50
(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)).....	85903.00	144095.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	27241.22	103486.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	758.37	836.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26482.85	102649.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164460.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Castor for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	19300.00	312166.13
(i) Itemized (use Schedule A).....	4553.00	73247.54
(ii) Unitemized.....	23853.00	64045.50
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	62050.00	80050.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	85903.00	144095.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	758.37	836.67
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	61.44	294.45
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	86722.81	145226.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

5 / 50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27241.22	103486.05
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	50000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	52241.22	153486.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129978.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	86722.81
25. SUBTOTAL (add Line 23 and Line 24).....	216701.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52241.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164460.56

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50
(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)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Hector Alcalde

Mailing Address 2111 Wilson Blvd
8th Floor

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. C

Name of Employer Alcalde & Fey Occupation Principal

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2009
Transaction ID: C2374237

Amount of Each Receipt this Period 1000.00

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

Mailing Address 3401 S Beach Dr

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2009
Transaction ID: C2162209

Amount of Each Receipt this Period 250.00

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

Mailing Address 3009 Partridge Point Trail

City Valrico State FL Zip Code 33596

FEC ID number of contributing federal political committee. C

Name of Employer Mosaic Occupation VP Human Resources

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2009
Transaction ID: C2334881

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 50
(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)
Blake Casper

Mailing Address 4908 West Nassau Street

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. C

Name of Employer Caspers Companies Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2009
Transaction ID: C2335091
 Amount of Each Receipt this Period 500.00

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

Mailing Address 523 Lucerne Ave

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 05 / 26 / 2009
Transaction ID: C2166845
 Amount of Each Receipt this Period 2400.00

C. Full Name (Last, First, Middle Initial)
Robert J. Clark, Jr.

Mailing Address 2927 West Bayshore Court

City Tampa State FL Zip Code 33611

FEC ID number of contributing federal political committee. C

Name of Employer Tampa Steel Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2009
Transaction ID: C2335094
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 3400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 50
(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)
Gary Davis

Mailing Address 16407 Dunlindale Dr

City State Zip Code
Lithia FL 33547

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

Name of Employer Occupation
Mosaic Vice President of Operations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Transaction ID: C2368125

Amount of Each Receipt this Period
1000.00

1000.00

B. Full Name (Last, First, Middle Initial)
Tom R. Dorety

Mailing Address 5804 Audubon Manor Boulevard

City State Zip Code
Lithia FL 33547-5005

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

Name of Employer Occupation
Suncoast Schools Federal Credit Union Chief Executive Officer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: C2174536

Amount of Each Receipt this Period
500.00

500.00

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

Mailing Address 9014 Nomini Lane

City State Zip Code
Alexandria VA 22309

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

Name of Employer Occupation
Dunkel Government Relations Lobbyist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	9

Transaction ID: C2364102

Amount of Each Receipt this Period
350.00

350.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 50
(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)
Victor H Fazio

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C

Name of Employer Akin Gump Occupation Senior Advisor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2009
Transaction ID: C2164335
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Harvey M. Goodman

Mailing Address 11807 FOrum Hill Ct Suite 300

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. C

Name of Employer GGG/AI Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2009
Transaction ID: C2174513
 Amount of Each Receipt this Period 250.00

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

Mailing Address 607 Mourning Dove Dr

City Sarasota State FL Zip Code 34236

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Investor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 04 / 21 / 2009
Transaction ID: C2057721
 Amount of Each Receipt this Period 2400.00

SUBTOTAL of Receipts This Page (optional) 3150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Lois Cowles Harrison	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 2311 Nevada Road	Transaction ID: C2162207
	City State Zip Code Lakeland FL 33803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Tad J. Humphreys	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1616 Penny Street	Transaction ID: C2370278
	City State Zip Code Tampa FL 33615	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer International Ship Repair Occupation President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mark Kaplan	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 6048 Pimlico Ct	Transaction ID: C2335096
	City State Zip Code Tallahassee FL 32309	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mosaic LLC Occupation Vice-President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 / 50
(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)
James Kimbrell

Mailing Address 14547 Feather Sound Dr

City State Zip Code
Clearwater FL 33762

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

Name of Employer Occupation
Maritime Towing of Tampa, LLC President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2009

Transaction ID: C2329541

Amount of Each Receipt this Period
1000.00

Election Cycle-to-Date Amount: 1000.00

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

Mailing Address 909 Golf Island Dr

City State Zip Code
Apollo Beach FL 33572-2715

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

Name of Employer Occupation
Mosaic Phosphate LLC Terminal Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2009

Transaction ID: C2335103

Amount of Each Receipt this Period
250.00

Election Cycle-to-Date Amount: 250.00

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

Mailing Address 106 Harbor View Lane

City State Zip Code
Largo FL 33770

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

Name of Employer Occupation
self-employed Gyrotonic instructor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2009

Transaction ID: C2368276

Amount of Each Receipt this Period
500.00

Election Cycle-to-Date Amount: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50
(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)
Penny A. Levin

Mailing Address 355 Boca Ciega Drive

City State Zip Code
Madeira Beach FL 33708

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

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: C2334124

Amount of Each Receipt this Period
250.00

250.00

B.

Full Name (Last, First, Middle Initial)
richard M lobo

Mailing Address 3139 bay shore road

City State Zip Code
sarasota FL 34234

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

Name of Employer
fla west coast public bro-
adcasting, in

Occupation
president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: C2164433

Amount of Each Receipt this Period
100.00

300.00

C.

Full Name (Last, First, Middle Initial)
Troy Manthey

Mailing Address 223 S 12th St

City State Zip Code
Tampa FL 33602

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

Name of Employer
Yacht Starship Dining Cru-
ises

Occupation
Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: C2335105

Amount of Each Receipt this Period
500.00

500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50
(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)
Edward A Mierzejewski

Mailing Address 14945 Lake Forest Drive

City State Zip Code
Lutz FL 33559

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

Name of Employer Occupation
University of South Florida Engineer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: C2164315

Amount of Each Receipt this Period
250.00

500.00

B. Full Name (Last, First, Middle Initial)
David A. Rancourt

Mailing Address 2000 Dogwood Hill

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Southern Strategy Group Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: C2335100

Amount of Each Receipt this Period
1000.00

1000.00

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

Mailing Address 5114 San Jose St.

City State Zip Code
Tampa FL 33629

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

Name of Employer Occupation
Bonnie R. Saks, MD and Assoc. LLC Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: C2364437

Amount of Each Receipt this Period
300.00

300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

<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)
Castor for Congress

A.

Full Name (Last, First, Middle Initial)
Arthur Savage

Mailing Address 701 Harbour Post Dr

City State Zip Code
Tampa FL 33602

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

Name of Employer Occupation
A R Savage & Son Inc President

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: C2335095

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Linda Thrasher

Mailing Address 146 Benton Ave, N

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Mosaic LLC Public Affairs

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: C2335097

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
David Townsend

Mailing Address 308 Blanca Avenue

City State Zip Code
Tampa FL 33606

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

Name of Employer Occupation
Mosaic Director, Public Affairs

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: C2335092

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(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)
Richard A. Zambo

Mailing Address 1334 SE MacArthur Blvd

City State Zip Code
Stuart FL 34996

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

Name of Employer Occupation
Richard A Zambo PA Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: C2373162

Amount of Each Receipt this Period
1000.00

1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	19300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 50
(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)
American Association for Justice PAC
Mailing Address 1050 31st Street N.W.
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 05 / 20 / 2009
Transaction ID: C2164334
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
American Dietetic Association PAC
Mailing Address 1120 Connecticut Ave NW Suite 480
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00143560
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 06 / 01 / 2009
Transaction ID: C2174520
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
American Federation of State County & Municipal Em
Mailing Address 1625 L Street North West
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00011114
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 06 / 30 / 2009
Transaction ID: C2373163
Amount of Each Receipt this Period: 1000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 50
(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)
American Hospital Association PAC

Mailing Address 325 Seventh Street North West
Suite 700

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: C2372645

Amount of Each Receipt this Period
2500.00

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

Mailing Address 8515 Georgia Avenue
Suite 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 9

Transaction ID: C2164324

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1505 Prince Street
Suite 300

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 2 / 2 0 0 9

Transaction ID: C2365233

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50
(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)
American Physical Therapy PAC

Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 9

Transaction ID: C2369375

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Anheuser-Busch Political Action Committee

Mailing Address One Busch Place 202-5

City State Zip Code
St. Louis MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: C2374241

Amount of Each Receipt this Period
1000.00

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 State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 0 9

Transaction ID: C2164330

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 50
(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)
Brown Rudnick LLP PAC

Mailing Address 601 13th St NW
Suite 600

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00410613

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	9

Transaction ID: C2174526

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 600

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: C2174527

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Cruise Lines International Association PAC

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: C2374240

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 50
(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)
CTIA PAC

Mailing Address 1400 16th Street NW
Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 04 / 17 / 2009
Transaction ID: C2059960
 Amount of Each Receipt this Period: 250.00

* In-Kind: Fundraising Event

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

Mailing Address 25 Louisiana Avenue Northwest

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: C2329539
 Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Embarq Employee's Political Action Committee

Mailing Address 150 Fayetteville Street Mall
Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: C2058266
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 6250.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 50
(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)
Foley & Lardner Political Fund

Mailing Address 3000 K Street NW
Ste 600

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00105338

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 9

Transaction ID: C2370277

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1025 W. NASA BLVD.

City MELBOURNE State FL Zip Code 32919

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 0 9

Transaction ID: C2164332

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HAWKER BEECHCRAFT, INC. POLITICAL ACTION COMMITTEE

Mailing Address PO Box 85
9709 E. Central

City Wichita State KS Zip Code 67201

FEC ID number of contributing federal political committee. **C** C00434183

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 9

Transaction ID: C2164323

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50
(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)
Holland & Knight Committee for Effective Governmen
Mailing Address 2099 Pennsylvania Avenue N.W.
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 06 / 01 / 2009
Transaction ID: C2174524
Amount of Each Receipt this Period 3000.00

B. 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: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 05 / 22 / 2009
Transaction ID: C2165858
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League
Mailing Address 1750 New York Avenue Northwest Suite 400
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00027359
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 05 / 26 / 2009
Transaction ID: C2167271
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 13000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50
(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)
Lykes PAC
Mailing Address 400 NORTH TAMPA STREET
City TAMPA State FL Zip Code 33602
FEC ID number of contributing federal political committee. **C** C00330290
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00
Date of Receipt 06 / 30 / 2009
Transaction ID: C2372648
Amount of Each Receipt this Period 2300.00

B. Full Name (Last, First, Middle Initial)
MWW Group
Mailing Address 700 13th St NW
FI 10
City Washington State DC Zip Code 20005-3960
FEC ID number of contributing federal political committee. **C** C00413575
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 22 / 2009
Transaction ID: C2164865
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association
Mailing Address 1325 Massachusetts Ave. NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00238725
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 20 / 2009
Transaction ID: C2164328
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 4300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50
(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)
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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: C2372644

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
National Emergency Political Action Committee

Mailing Address 1125 Executive Circle

City State Zip Code
Irving TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 0 9

Transaction ID: C2174514

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
New York Life Political Action Committee

Mailing Address 51 Madison Avenue
Room 117M

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 9

Transaction ID: C2061467

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 50
(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)
Ocean Champions PAC

Mailing Address 202 San Jose Avenue

City State Zip Code
Capitola CA 95010

FEC ID number of contributing federal political committee. **C** C00393769

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 9

Transaction ID: C2164866

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
OVERSEAS SHIPHOLDING GROUP INC PAC

Mailing Address 666 THIRD AVENUE

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C** C00411389

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 9

Transaction ID: C2335093

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 2958

City State Zip Code
Danbury CT 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 0 9

Transaction ID: C2174521

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 50
(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)
Sheet Metal Workers' International Association
Mailing Address 1750 New York Avenue Northwest

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 2 / 2 0 0 9

Transaction ID: C2329538

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Sprint Nextell PAC
Mailing Address 900 7th St NW Suite 700

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 0 9

Transaction ID: C2174522

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TECO ENERGY INC EMPLOYEES' PAC
Mailing Address 702 N FRANKLIN STREET

City State Zip Code
TAMPA FL 33602

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 0 9

Transaction ID: C2166848

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 50
(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)
The Mosaic Company PAC

Mailing Address 3033 Campus Drive
Suite E490

City State Zip Code
Minneapolis MN 55441

FEC ID number of contributing federal political committee. **C** C00455766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: C2335099

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	62050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50
(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)
Florida UC Fund

Mailing Address 5050 W Tennessee Street

City State Zip Code
Tallahassee FL 32399-0180

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 364.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9

Transaction ID: C2059910

Amount of Each Receipt this Period
285.70

B. Full Name (Last, First, Middle Initial)
Phoenix Park Hotel

Mailing Address 520 North Capital Street N.W.

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9

Transaction ID: C2059954

Amount of Each Receipt this Period
110.00

C. Full Name (Last, First, Middle Initial)
Phoenix Park Hotel

Mailing Address 520 North Capital Street N.W.

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9

Transaction ID: C2059955

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **645.70**

TOTAL This Period (last page this line number only) ► **645.70**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 50	
	(check only one)			
<input 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 checked="" type="checkbox"/> 15

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

A.	Full Name (Last, First, Middle Initial) SunTrust		Date of Receipt		
	Mailing Address P.O. Box 622227		M M / D D / Y Y Y Y 06 / 30 / 2009		
	City	State	Zip Code	Transaction ID: C2370697	
	Orlando	FL	32862	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	61.44	
	Name of Employer		Occupation		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 294.45			

SUBTOTAL of Receipts This Page (optional)	▶	61.44
TOTAL This Period (last page this line number only)	▶	61.44

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)
Castor for Congress

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Fort Lauderdale State FL Zip Code 33329</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D170496 Date of Disbursement: 05 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 14.76</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Fort Lauderdale State FL Zip Code 33329</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D176119 Date of Disbursement: 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 14.02</p>
<p>C. Full Name (Last, First, Middle Initial) Assets Consulting Services</p> <p>Mailing Address 110 B East Broad Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Fundraising Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D170495 Date of Disbursement: 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

378.78

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

<p>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address 5565 Glenridge Connector</p> <p>City Atlanta State GA Zip Code 30342</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159800 Date of Disbursement: 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 116.20</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address 5565 Glenridge Connector</p> <p>City Atlanta State GA Zip Code 30342</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159801 Date of Disbursement: 05 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 114.44</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address 5565 Glenridge Connector</p> <p>City Atlanta State GA Zip Code 30342</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D170513 Date of Disbursement: 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 129.18</p>

SUBTOTAL of Disbursements This Page (optional) ▶

359.82

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Brey & Company, CPA's, PA Mailing Address 35 Davis Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement Accounting services & postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159817 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 3885.11 Category/ Type
B.	Full Name (Last, First, Middle Initial) Charlie Palmer Steak Mailing Address 101 Constitution Avenue NW City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraising Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170497 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 9 Amount of Each Disbursement this Period 660.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) City Club Mailing Address 1300 I Street City Washington State DC Zip Code 20005 Purpose of Disbursement Fundraising Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159816 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 387.51 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4932.62

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Columbia Restaurant Mailing Address 2117 East 7th Avenue City Tampa State FL Zip Code 33605 Purpose of Disbursement Fundraising Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D176023 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9 Amount of Each Disbursement this Period 272.86
B.	Full Name (Last, First, Middle Initial) CTIA PAC Mailing Address 1400 16th Street NW Suite 600 City Washington State DC Zip Code 20036 Purpose of Disbursement Fundraising Event Candidate Name CTIA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D159827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 250.00 * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Connor M Davis Mailing Address 8540 Brushleaf Way City Tampa State FL Zip Code 33647 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D170493 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 1275.80

SUBTOTAL of Disbursements This Page (optional)	1798.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Connor M Davis <hr/> Mailing Address 8540 Brushleaf Way <hr/> City Tampa State FL Zip Code 33647 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 911.29
B.	Full Name (Last, First, Middle Initial) Connor M Davis <hr/> Mailing Address 8540 Brushleaf Way <hr/> City Tampa State FL Zip Code 33647 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159809 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1275.80
C.	Full Name (Last, First, Middle Initial) Connor M Davis <hr/> Mailing Address 8540 Brushleaf Way <hr/> City Tampa State FL Zip Code 33647 <hr/> Purpose of Disbursement Expense reimbursement-mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159810 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 303.60

SUBTOTAL of Disbursements This Page (optional) ▶

2490.69

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Connor M Davis</p> <p>Mailing Address 8540 Brushleaf Way</p> <p>City Tampa State FL Zip Code 33647</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D159811</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1275.80"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Connor M Davis</p> <p>Mailing Address 8540 Brushleaf Way</p> <p>City Tampa State FL Zip Code 33647</p> <p>Purpose of Disbursement Reimb-Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D176118</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="47.48"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Connor M Davis</p> <p>Mailing Address 8540 Brushleaf Way</p> <p>City Tampa State FL Zip Code 33647</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D170503</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1275.80"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Connor M Davis</p> <p>Mailing Address 8540 Brushleaf Way</p> <p>City Tampa State FL Zip Code 33647</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D176020</p> <p>Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1275.80</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Connor M Davis</p> <p>Mailing Address 8540 Brushleaf Way</p> <p>City Tampa State FL Zip Code 33647</p> <p>Purpose of Disbursement Exp Reimb-Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D176021</p> <p>Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 238.13</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Keri Eisenbeis</p> <p>Mailing Address 163 Barbados Avenue</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Exp Reimb-Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D176018</p> <p>Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 93.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1607.43

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Keri Eisenbeis</p> <p>Mailing Address 163 Barbados Avenue</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Exp Reimb-Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D176019</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 99.38</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Keri Eisenbeis</p> <p>Mailing Address 163 Barbados Avenue</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Reimburse-Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D170507</p> <p>Date of Disbursement 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 94.05</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Keri Eisenbeis</p> <p>Mailing Address 163 Barbados Avenue</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Reimburse-Telephone & Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159826</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 131.54</p>

SUBTOTAL of Disbursements This Page (optional) ▶

324.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 38 / 50

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Franklin Davis Printing Mailing Address 520 North Willow Avenue City Tampa State FL Zip Code 33606 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170489 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 145.25
B.	Full Name (Last, First, Middle Initial) Franklin Davis Printing Mailing Address 520 North Willow Avenue City Tampa State FL Zip Code 33606 Purpose of Disbursement Printing & Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D176116 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 1668.24
C.	Full Name (Last, First, Middle Initial) Golden Rule Insurance Mailing Address 7440 Woodland Drive City Indianapolis State IN Zip Code 46278 Purpose of Disbursement Employee Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170514 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 9 Amount of Each Disbursement this Period 126.49

SUBTOTAL of Disbursements This Page (optional) ▶

1939.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Golden Rule Insurance Mailing Address 7440 Woodland Drive City Indianapolis State IN Zip Code 46278 Purpose of Disbursement Employee Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170484 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9 Amount of Each Disbursement this Period 126.49
B.	Full Name (Last, First, Middle Initial) Golden Rule Insurance Mailing Address 7440 Woodland Drive City Indianapolis State IN Zip Code 46278 Purpose of Disbursement Employee Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159823 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 126.49
C.	Full Name (Last, First, Middle Initial) Kathy Castor Mailing Address 3012 Harborview Avenue City Tampa State FL Zip Code 33611 Purpose of Disbursement Reimburse-Staff Planning Session Candidate Name Kathy Castor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159825 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9 Amount of Each Disbursement this Period 288.59

SUBTOTAL of Disbursements This Page (optional) ▶

541.57

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) La Gaceta <hr/> Mailing Address P.O. Box 5536 <hr/> City Tampa State FL Zip Code 33675 <hr/> Purpose of Disbursement Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170501 Date of Disbursement 06 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 825.00
B.	Full Name (Last, First, Middle Initial) Lori Edwards Campaign <hr/> Mailing Address P.O. Box 280 <hr/> City Eagle Lake State FL Zip Code 33839 <hr/> Purpose of Disbursement Contribution Candidate Name Lori Edwards <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D176016 Date of Disbursement 06 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) NGP Software, Incorporated <hr/> Mailing Address 5505 Connecticut Avenue Northwest <hr/> City Washington State DC Zip Code 20015 <hr/> Purpose of Disbursement Database, website & support Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159806 Date of Disbursement 04 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 2700.00

SUBTOTAL of Disbursements This Page (optional) ▶

4525.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Castor for Congress

<p>A. Full Name (Last, First, Middle Initial) NGP Software, Incorporated</p> <p>Mailing Address 5505 Connecticut Avenue Northwest</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Email Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159807 Date of Disbursement 05 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B. Full Name (Last, First, Middle Initial) Pipo's Cafe</p> <p>Mailing Address 3501 N Armenia</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Staff Planning Session Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159821 Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 411.10</p>
<p>C. Full Name (Last, First, Middle Initial) Pipo's Cafe</p> <p>Mailing Address 3501 N Armenia</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Staff Planning Session Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159822 Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 322.13</p>

SUBTOTAL of Disbursements This Page (optional) ▶

783.23

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) Public Storage Mailing Address 5014 S Dale Mabry Highway City Tampa State FL Zip Code 33611 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159794 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 174.87
B.	Full Name (Last, First, Middle Initial) Public Storage Mailing Address 5014 S Dale Mabry Highway City Tampa State FL Zip Code 33611 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D176017 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 181.29
C.	Full Name (Last, First, Middle Initial) Quality Inn Mailing Address 501 New York Ave NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel-Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170490 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 9 Amount of Each Disbursement this Period 273.82

SUBTOTAL of Disbursements This Page (optional) ▶

629.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

<p>A. Full Name (Last, First, Middle Initial) RSVP Catering</p> <p>Mailing Address 2930 Prosperity Avenue</p> <p>City State Zip Code Fairfax VA 22031</p> <p>Purpose of Disbursement Fundraising Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D170494 Date of Disbursement 05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 295.50</p>
<p>B. Full Name (Last, First, Middle Initial) SunTrust</p> <p>Mailing Address P.O. Box 622227</p> <p>City State Zip Code Orlando FL 32862</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D159796 Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 35.70</p>
<p>C. Full Name (Last, First, Middle Initial) SunTrust</p> <p>Mailing Address P.O. Box 622227</p> <p>City State Zip Code Orlando FL 32862</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D159798 Date of Disbursement 05 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 150.87</p>

SUBTOTAL of Disbursements This Page (optional) ▶

482.07

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Castor for Congress

A. Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170508 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 36.95
	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D176120 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 25.00
	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) T-Mobile <hr/> Mailing Address P.O. Box 660252 <hr/> City Dallas State TX Zip Code 75266 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170510 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 83.79
	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

145.74

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D176022 Date of Disbursement
	Mailing Address P.O. Box 660252	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="89.69"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D159812 Date of Disbursement
	Mailing Address P.O. Box 660252	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="220.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D159813 Date of Disbursement
	Mailing Address P.O. Box 660252	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="67.26"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="377.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Castor for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address P.O. Box 660252</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159814</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 72.84</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address P.O. Box 660252</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D159815</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 77.92</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address P.O. Box 660252</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D170483</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 72.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

222.86

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address P.O. Box 66100 <hr/> City Chicago State IL Zip Code 60666 <hr/> Purpose of Disbursement Travel-Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170487 Date of Disbursement 05 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 307.19
B.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5201 West Spruce Street <hr/> City Tampa State FL Zip Code 33630 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170486 Date of Disbursement 05 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 585.83
C.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5201 West Spruce Street <hr/> City Tampa State FL Zip Code 33630 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159797 Date of Disbursement 04 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 59.40

SUBTOTAL of Disbursements This Page (optional) ► **952.42**

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Castor for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5201 West Spruce Street <hr/> City Tampa State FL Zip Code 33630 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170511 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 39.60
B.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5201 West Spruce Street <hr/> City Tampa State FL Zip Code 33630 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170512 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 39.60
C.	Full Name (Last, First, Middle Initial) US Treasury <hr/> Mailing Address 1500 Pennsylvania Avenue, NW <hr/> City Washington State DC Zip Code 20220 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D170506 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 926.30

SUBTOTAL of Disbursements This Page (optional) ▶

1005.50

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 50

<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)
Castor for Congress

A.

Full Name (Last, First, Middle Initial)
US Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D170485

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

793.97

SUBTOTAL of Disbursements This Page (optional)

793.97

TOTAL This Period (last page this line number only)

26891.72

**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)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Castor for Congress

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Transaction ID: D176015

Date of Disbursement

Mailing Address 430 S Capitol Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	9

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

25000.00

Purpose of Disbursement
Contribution

--

Candidate Name
Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00
