

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P. O. Box 181546  
 Check if different than previously reported. (ACC) Casselberry FL 32718

2. **FEC IDENTIFICATION NUMBER** C C00283051 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 07

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

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

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer W Edward Langdon

Signature of Treasurer W Edward Langdon [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**MICA FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	127089.00	465637.23
(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)).....	127089.00	465637.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24309.28	178376.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	1176.15	2516.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23133.13	175860.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	639510.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MICA FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48695.00	194022.69
(ii) Unitemized.....	6169.00	33169.54
(iii) TOTAL of contributions from individuals ▶	54864.00	227192.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	72225.00	238445.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	127089.00	465637.23
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1176.15	2516.60
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	245.25	1225.98
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	128510.40	469379.81

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24309.28	178376.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	18886.60
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24309.28	197263.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	535309.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128510.40
25. SUBTOTAL (add Line 23 and Line 24).....	663820.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24309.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	639510.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dean A. Faracchio**

Mailing Address 369 Sprucewood Ct

City Lake Mary State FL Zip Code 32746

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

Name of Employer Clients Trust Occupation Insurance Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016

**Transaction ID : 0038145**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew Athy**

Mailing Address 1310 19th St, NW

City Washington State DC Zip Code 20036

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

Name of Employer O'Neill Athy & Casey Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0037994**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. F. William Bryan**

Mailing Address PO Box 1270

City Winter Park State FL Zip Code 32790

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

Name of Employer Bill Bryan Imports, Inc. Occupation Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0037996**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Barbara D. Staed**

Mailing Address 2000 S. Peninsula Drive

City State Zip Code  
Daytona Beach FL 32118

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

Name of Employer Occupation  
Staed Family Associates Hotel Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0037997**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr George Burdock**

Mailing Address 1140 Kenwood Ave

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Burdock Group Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0037998**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. L. Gale Lemerand**

Mailing Address 103B N Lake Dr

City State Zip Code  
Ormond Beach FL 32174

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

Name of Employer Occupation  
Gale Industries, Inc. Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0037999**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Juliette Holler**

Mailing Address PO Box 1720

City Winter Park State FL Zip Code 32790

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

Name of Employer Director of Automotive Svcs Network Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0038000**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Roger Holler**

Mailing Address PO Box 2549

City Winter Park State FL Zip Code 32790

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

Name of Employer Roger Holler Chevrolet Occupation Businessperson

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0038001**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher A. Holler**

Mailing Address 225 Palmer Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Roger Holler Chevrolet Occupation Businessperson

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0038002**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael F Rogers Jr**

Mailing Address 1741 Via Venetia

City Winter Park State FL Zip Code 32789

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

Name of Employer Roger Holler Chevrolet Co Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0038004**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Hamner**

Mailing Address 405 Balmoral Road

City Winter Park State FL Zip Code 32789

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : 0038005**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Carol Denton**

Mailing Address 1017 Gran Paseo Dr.

City Orlando State FL Zip Code 32825

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

Name of Employer Cubic Defense Systems, Inc. Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : 0038084**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

2200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Elaine Simone**

Mailing Address 527 Lake Rd.

City State Zip Code  
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation  
St. Augustine Center for Living Health care worker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

**Transaction ID : 0038085**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard B. Caime**

Mailing Address 3181 Camberly Cir

City State Zip Code  
Melbourne FL 32940-6639

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

**Transaction ID : 0038086**

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry Dale**

Mailing Address 3400 Celery Ave

City State Zip Code  
Sanford FL 32771

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

Name of Employer Occupation  
Orlando/Sanford Intl. Airport Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

**Transaction ID : 0038087**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Fain**

Mailing Address 700 Arvida Parkway

City Miami State FL Zip Code 33156

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

Name of Employer Royal Caribbean Cruise Lines Occupation Chief Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : 0038088**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas J. St. George**

Mailing Address 971 Georgia Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : 0038089**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce K. Gould**

Mailing Address Self  
1110 West Ivanhoe Blvd

City Orlando State FL Zip Code 32804

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : 0038090**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Sam Stark**

Mailing Address 3711 Vinsetta Ct

City State Zip Code  
Winter Park FL 32792

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

Name of Employer Occupation  
Massey Communciations Advertising/Public Rel.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : 0038144**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Colby Chase**

Mailing Address 2911 Harris Blvd

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
MMHPI Public Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : 0038146**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 On line contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Husein Cumber**

Mailing Address 2325 River Road

City State Zip Code  
Jacksonville FL 32207

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

Name of Employer Occupation  
Florida East Coast Railway Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : 0038147**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 On line contribution

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bernard Paul Hus**

Mailing Address 2830 NE 8 Court

City Pompano Beach      State FL      Zip Code 33062

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

Name of Employer Hypower      Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : 0038148**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item  
 On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald J. Palladeno**

Mailing Address 440 W. Morse Blvd

City Winter Park      State FL      Zip Code 32789

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

Name of Employer Palladeno Enterprises      Occupation Public Relations Consul.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038100**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Loren H. Roby**

Mailing Address 2218 Merritt Park Dr.

City Orlando      State FL      Zip Code 32803

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

Name of Employer Self      Occupation Real Estate Appraiser

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038101**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

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

\_\_\_\_\_ 2000.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 13 OF 70

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth P. Mingledorff**  
 Mailing Address 430 Highway 6 South S-215  
 City State Zip Code  
 Houston TX 77079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 19 2016  
**Transaction ID : 0038102**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert W. Caldwell III**  
 Mailing Address 1302 Ashby Circle  
 City State Zip Code  
 Apopka FL 32703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Realtor  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 19 2016  
**Transaction ID : 0038105**  
 Amount of Each Receipt this Period  
 475.00  
 Memo Item  
 Total earmarked through conduit. PAC limit not affected.

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert W. Caldwell III**  
 Mailing Address 1302 Ashby Circle  
 City State Zip Code  
 Apopka FL 32703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Realtor  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 19 2016  
**Transaction ID : 0038107**  
 Amount of Each Receipt this Period  
 475.00  
 Memo Item  
 Total earmarked through conduit. PAC limit not affected.

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

500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

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

Mailing Address PO Box 2713

City State Zip Code  
Alexandria VA 22301

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038107-0001**

Amount of Each Receipt this Period  
475.00

Memo Item

Earmarked through Caldwell, Robert W., III (Mr.)

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Vincent Signorello**

Mailing Address 5520 Oakwood Ln

City State Zip Code  
Miami FL 33156

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

Name of Employer Occupation  
FECI President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038149**

Amount of Each Receipt this Period  
1000.00

Memo Item  
On line contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Michael Reininger**

Mailing Address 1581 Brickell Ave

City State Zip Code  
Miami FL 33159

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

Name of Employer Occupation  
All Aboard Florida President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038150**

Amount of Each Receipt this Period  
1000.00

Memo Item  
On line contribution

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

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

2475.00

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

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

FOR LINE NUMBER: PAGE 15 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Melissa Shuffield**

Mailing Address 100 Andalusia Ave, #702

City State Zip Code  
Miami FL 33134

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

Name of Employer Occupation  
FECI Public Relations Consul.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038151**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jose Gonzalez**

Mailing Address 3200 SW 80th Ave

City State Zip Code  
Miami FL 33155

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

Name of Employer Occupation  
FECI Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038152**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 On line contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Mennello**

Mailing Address 1311 Via Tuscany

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Self Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038122**

Amount of Each Receipt this Period  
 300.00

Memo Item

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 16 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Genean McKinnon**

Mailing Address 701 Via Bella

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
GrayRobinson Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038123**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gen. Stephen M Seay**

Mailing Address 709 Balmoral Road

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Business Solutions OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038124**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Santiago M. Fernandez**

Mailing Address 2610 Pershing Ave

City State Zip Code  
Orlando FL 32806

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

Name of Employer Occupation  
Self Architect

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038125**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

950.00



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

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

FOR LINE NUMBER: PAGE 17 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Hon. Kenneth W. Bradley**

Mailing Address 1612 Elizabeths Walk

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Winter Park Memorial Hospital Chief Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 29 2016

**Transaction ID : 0038126**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul S. Mears Jr.**

Mailing Address 324 W. Gore Street

City State Zip Code  
Orlando FL 32806

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

Name of Employer Occupation  
Mears Transportatoin Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 29 2016

**Transaction ID : 0038127**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Garry Jones**

Mailing Address 1151 Preserve Point Dr

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Fullsail President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 29 2016

**Transaction ID : 0038128**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Isis P. Jones**

Mailing Address 1151 Preserve Point Dr

City Winter Park State FL Zip Code 32789

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

Name of Employer Full Sail University Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038129**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Harvey L. Massey**

Mailing Address 1461 Via Tuscany

City Winter Park State FL Zip Code 32790

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

Name of Employer Massey Services Occupation Businessperson

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038130**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kerri R Smith**

Mailing Address 14130 SW 33rd Ct

City Fort Lauderdale State FL Zip Code 33330

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

Name of Employer Baker Concrete Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038134**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 19 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Russell L. Roberts**

Mailing Address 2200 Alaqua Drive

City Longwood State FL Zip Code 32779-3100

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

Name of Employer Florida East Coast Industries Occupation Vice president

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : 0038135**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Leonard E. Williams**

Mailing Address 2518 Norfolk Road

City Orlando State FL Zip Code 32803

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

Name of Employer Wayne Densch, Inc. Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : 0038114**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John A. Williams**

Mailing Address 3252 Winding Pine Tr

City Longwood State FL Zip Code 32779

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

Name of Employer Wayne Densch, Inc. Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : 0038115**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**3500.00**

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

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

FOR LINE NUMBER: PAGE 20 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Burleson**

Mailing Address 1007 Desota Park Dr

City Tallahassee      State FL      Zip Code 32301

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

Name of Employer Florida Transportation Builders Assn.      Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038117**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ivan D Smith**

Mailing Address P.O. Box 560548

City Orlando      State FL      Zip Code 32856

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

Name of Employer \_\_\_\_\_      Occupation Best Efforts, No Response

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038118**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Francis S. Pignone**

Mailing Address 1720 Gatlin Ave

City Orlando      State FL      Zip Code 32806

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

Name of Employer self      Occupation Investor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038354**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

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

\_\_\_\_\_ 2500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dean A. Faracchio**

Mailing Address 369 Sprucewood Ct

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Occupation  
Clients Trust Insurance Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 18 2016**

**Transaction ID : 0038153**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
 On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Manuchia**

Mailing Address 1800 Carolee Ave

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Resturant Partners President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 30 2016**

**Transaction ID : 0038355**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas H. Yochum**

Mailing Address 1131 Via Lugano

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Seaside National Bank Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2016**

**Transaction ID : 0038156**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 On line contribution

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Grindstaff**

Mailing Address 1900 Fawsett Rd

City Winter Park State FL Zip Code 32789

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

Name of Employer Shutts and Bowen Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038157**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
 On line contribution

**B.** Full Name (Last, First, Middle Initial)  
**Estel Spurlin**

Mailing Address 496 Allison Avenue

City Longwood State FL Zip Code 32750

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

Name of Employer Estel L. Spurlin, Inc. Occupation Builder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038174**

Amount of Each Receipt this Period  
**60.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas J. St. George**

Mailing Address 971 Georgia Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038177**

Amount of Each Receipt this Period  
**700.00**

Memo Item

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

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

**1760.00**

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

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

FOR LINE NUMBER: PAGE 23 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas J. St. George**

Mailing Address 971 Georgia Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038178**

Amount of Each Receipt this Period  
**2300.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Herbert V. Hinely**

Mailing Address 225 Arnold Avenue

City Longwood State FL Zip Code 32750

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

Name of Employer Carbonic Industries Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038200**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**James Mark Alder**

Mailing Address 1742 Fifeshire Ct

City Maitland State FL Zip Code 32751

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038238**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

**2425.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Fred W Streetman Jr**

Mailing Address 125 Lake Rena Dr

City Longwood State FL Zip Code 32779

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **860.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038286**

Amount of Each Receipt this Period  
**10.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Bailes, III**

Mailing Address ABC Liquors  
8989 S. Orange Avenue

City Orlando State FL Zip Code 32809

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

Name of Employer ABC Liquors Occupation Chief Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038292**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Blaine Sweatt**

Mailing Address 9140 Point Cypress Dr

City Orlando State FL Zip Code 32836

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

Name of Employer Darden Restaurants Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038293**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**2010.00**



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

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

FOR LINE NUMBER: PAGE 25 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard J. Walsh**

Mailing Address 2305 Edgewater Dr, Apt 1615

City State Zip Code  
Orlando FL 32804

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

Name of Employer Occupation  
Knob Hill Group Inc. Chief Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 31 2016

**Transaction ID : 0038294**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**The Hon Toni Jennings**

Mailing Address Jack Jennings and Sons  
1032 Wilfred Drive

City State Zip Code  
Orlando FL 32803

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

Name of Employer Occupation  
Jack Jennings and Sons OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 31 2016

**Transaction ID : 0038295**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James Desimone**

Mailing Address 312 S Pressview Ave

City State Zip Code  
Longwood FL 32750

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

Name of Employer Occupation  
Knobb Hill Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 31 2016

**Transaction ID : 0038296**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J. Thomas Chandler**

Mailing Address 3331 Lakeview Oaks Dr

City State Zip Code  
Longwood FL 32779

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SchenkelShultz Architect

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 0038297**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Edmund C Timberlake Jr.**

Mailing Address 1050 Via Merano Ct

City State Zip Code  
Winter Park FL 32789

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bank of America Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 0038298**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Joyce T. Green**

Mailing Address 9200 Point Cypress Dr

City State Zip Code  
Orlando FL 32836

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 0038317**

Amount of Each Receipt this Period

Memo Item

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

**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 27 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mary L. Demetree**

Mailing Address 1847 Jessica Court

City Winter Park State FL Zip Code 32789

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

Name of Employer Demetree Builders Occupation Builder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038320**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul S Doerrer**

Mailing Address 12 W Bellefonte Ave

City Alexandria State VA Zip Code 22301

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

Name of Employer The Dorrer Group Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038321**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. J. Christopher Brady**

Mailing Address 1800 Drury Lane

City Alexandria State VA Zip Code 22307

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

Name of Employer Commonwealth Research Associates Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038322**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 28 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Al Schroeder**

Mailing Address 8842 Aspen Ave

City Orlando State FL Zip Code 32817

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

Name of Employer ARC Capitol Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038323**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Dudinsky**

Mailing Address Severn Farm  
3878 Blufton Mill Road

City Free Union State VA Zip Code 22940

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

Name of Employer John Dudinsky & Assoc. Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038324**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Nancy Patton**

Mailing Address 2061 Geronimo Trl

City Maitland State FL Zip Code 32751

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : 0038357**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

**425.00**

**48695.00**

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

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

FOR LINE NUMBER: PAGE 29 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NRA Political Victory Fund PAC**

Mailing Address 412 First St SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : 0038091**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Votesane PAC**

Mailing Address PO Box 2713

City Alexandria State VA Zip Code 22301

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : 0038106**

Amount of Each Receipt this Period  
 475.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address 929 Long Bridge Drive

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038131**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

2475.00

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

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

FOR LINE NUMBER: PAGE 30 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees PAC**

Mailing Address 2121 Crystal Dr, Ste 100

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038132**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Build PAC**

Mailing Address 1201 Fifteenth Street, N.W.

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038133**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Florida East Coast Industries Good Government Committee FECl**

Mailing Address 2855 LE JEUNE ROAD, 4TH FLOOR

City State Zip Code  
CORAL GABLES FL 33134

FEC ID number of contributing federal political committee. **C C00544908**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038136**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Florida East Coast Industries Good Government Committee FECI**

Mailing Address 2855 LE JEUNE ROAD, 4TH FLOOR

City State Zip Code  
CORAL GABLES FL 33134

FEC ID number of contributing federal political committee. **C** C00544908

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038137**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cemex, Inc. Employees PAC**

Mailing Address 1501 Bevedere Rd

City State Zip Code  
West Palm Beach FL 33406

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : 0038138**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 2900 West First St

City State Zip Code  
Sanford FL 32771

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038111**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

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

Mailing Address 2900 West First St

City Sanford State FL Zip Code 32771

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038112**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 1101 King St, Ste 600

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038113**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Florida Transportation Builders' Asso. PAC**

Mailing Address 1007 DeSoto Park Dr, Ste 200

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C** C00361253

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038116**

Amount of Each Receipt this Period  
1250.00

Memo Item

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

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

8750.00



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

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

FOR LINE NUMBER: PAGE 33 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Florida East Coast Railway, LLC FECR PAC**

Mailing Address 7411 Fullerton Street, Suite 100

City Jacksonville State FL Zip Code 32256-3628

FEC ID number of contributing federal political committee. **C** C00529966

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : 0038119**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Majority In Congress PAC**

Mailing Address 601 N Ferncreek Ave, Suite 210

City Orlando State FL Zip Code 32803

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : 0038366**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 IN-KIND: Advertising

**C.** Full Name (Last, First, Middle Initial)  
**Realtors Political Action Committee**

Mailing Address 500 New Jersey Ave, NW

City Washington State DC Zip Code 20001-2020

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038176**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NextEra Energy PAC**

Mailing Address 700 Universe Blvd

City Juno Beach State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038179**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Harris FEPAC**

Mailing Address 600 Maryland Ave, SW, Ste 850E

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038180**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Union Pacific Fund for Effective Government PAC**

Mailing Address 700 13th Street, NW  
Suite 350

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038303**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Government Fund**

Mailing Address Suite 560, National Place  
1331 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038304**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Raytheon PAC**

Mailing Address 1100 Wilson Blvd, Ste 1500

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038305**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Norfolk Southern Corp. Good Government Fund**

Mailing Address One Constitution Ave, NE, Ste 300

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038306**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BNSF RailPac**

Mailing Address 500 New Jersey Ave, NW Ste 550

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038307**

Amount of Each Receipt this Period  
4000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Employees of Northrop Grumman Corp. PAC**

Mailing Address 2980 Fairview Park Drive

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038308**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Employees of Northrop Grumman Corp. PAC**

Mailing Address 2980 Fairview Park Drive

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038309**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 37 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FAA Managers Association PAC**

Mailing Address 4410 Massachusetts Ave, NW, #315

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C C00366070**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038310**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address 929 Long Bridge Drive

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038311**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Realtors Political Action Committee**

Mailing Address 500 New Jersey Ave, NW

City Washington State DC Zip Code 20001-2020

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038312**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A. Employees of Northrop Grumman Corp. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Drive

City Falls Church	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038313**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B. Fraternity & Sorority PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address Patton Boggs  
2550 M St, NW

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038314**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Rockwell Collins Good Government Comte**

Full Name (Last, First, Middle Initial)  
Mailing Address 1300 Wilson Blvd, Ste 200

City Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038315**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Florida Health PAC**

Mailing Address P. O. Box 6936

City Jacksonville State FL Zip Code 32236-6936

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038316**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 425 Third St, SW, Ste 100

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038318**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Cubic Corp. Employees PAC**

Mailing Address 9333 Balboa Ave

City San Diego State CA Zip Code 92123

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : 0038319**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3000.00

72225.00

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

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

FOR LINE NUMBER: PAGE 40 OF 70  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**Mr. John L Mica**

Mailing Address P.O.Box 756

City State Zip Code  
Winter Park FL 32790

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

Name of Employer Occupation  
U.S. House of Representatives Member of Congress

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1176.15**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 24 2016**

**Transaction ID : 0038359**

Amount of Each Receipt this Period  
**1176.15**

Memo Item  
Reimbursement for expenses paid

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

**1176.15**

**1176.15**



**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 41 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Seaside National Bank &amp; Trust</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Mailing Address 700 West Morse Boulevard		<b>Transaction ID : 0038348</b>
City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period _____ 78.13	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation	<input type="checkbox"/> Memo Item <input type="checkbox"/> Interest Income
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1045.68	

Full Name (Last, First, Middle Initial) <b>B. Seaside National Bank &amp; Trust</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016
Mailing Address 700 West Morse Boulevard		<b>Transaction ID : 0038340</b>
City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period _____ 83.55	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation	<input type="checkbox"/> Memo Item <input type="checkbox"/> Interest Income
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1129.23	

Full Name (Last, First, Middle Initial) <b>C. Seaside National Bank &amp; Trust</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016
Mailing Address 700 West Morse Boulevard		<b>Transaction ID : 0038361</b>
City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period _____ 83.57	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation	<input type="checkbox"/> Memo Item <input type="checkbox"/> Interest Income
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1212.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 245.25
<b>TOTAL</b> This Period (last page this line number only).....	_____ 245.25

**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 42 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 3793.77
City Ft Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement TRAVEL & MEAL EXPENSES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : 0038139</b> ITEMIZATION BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOGO Sodexo (House Dining Room)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address US Capitol		Amount of Each Disbursement this Period 34.70
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : 0038139-0001</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. gogoair.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1250 North Arlington Heights Rd.,		Amount of Each Disbursement this Period 49.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement Online Services	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : 0038139-0002</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3793.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 200 S. Andrews Ave		Amount of Each Disbursement this Period 485.82
City Ft. Lauderdale	State FL	
Zip Code 33301	Purpose of Disbursement Car Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038139-0004</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOGO Sodexo (House Dining Room)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address US Capitol		Amount of Each Disbursement this Period 30.25
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038139-0005</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cafe Perks</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 899 State Road 436		Amount of Each Disbursement this Period 27.87
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038139-0006</b> MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 200 S. Andrews Ave		Amount of Each Disbursement this Period 22.35
City Ft. Lauderdale	State FL Zip Code 33301	
Purpose of Disbursement Transportation Expenses	Category/Type 002	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0007</b> MEMO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Capitol Historical Society</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 200 Maryland Ave, NE		Amount of Each Disbursement this Period 37.90
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Gifts for Constituents	Category/Type 003	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0008</b> MEMO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SOGO Sodexo (House Dining Room)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address US Capitol		Amount of Each Disbursement this Period 36.50
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Meals with Constituents	Category/Type 003	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0009</b> MEMO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 1-800 Flowers.com</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016	
Mailing Address 1600 Stewart Ave			Amount of Each Disbursement this Period 69.40	
City Westbury	State NY	Zip Code 11590	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0010</b> MEMO	
Purpose of Disbursement Gifts for Constituents		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. gogoair.com</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016	
Mailing Address 1250 North Arlington Heights Rd.,			Amount of Each Disbursement this Period 49.95	
City Itasca	State IL	Zip Code 60143	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0011</b> MEMO	
Purpose of Disbursement Online Services		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016	
Mailing Address 501 N. Orlando Avenue #201			Amount of Each Disbursement this Period 254.21	
City Winter Park	State FL	Zip Code 32789	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0012</b> MEMO	
Purpose of Disbursement Office Supplies		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cafe Perks</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 899 State Road 436		Amount of Each Disbursement this Period 11.28
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038139-0015</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 3.06
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038139-0018</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. We The Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 305 Pennsylvania Ave SE		Amount of Each Disbursement this Period 20.41
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal With Tele-Townhall Volunteers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038139-0019</b> MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A. We The Pizza**

Full Name (Last, First, Middle Initial)  
Mailing Address 305 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meal With Tele-Townhall Volunteers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2016

Amount of Each Disbursement this Period: 44.40

Memo Item

Transaction ID : 0038139-0020  
MEMO

**B. US Capitol Historical Society**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Gifts for Constituents

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2016

Amount of Each Disbursement this Period: 456.05

Memo Item

Transaction ID : 0038139-0021  
MEMO

**c. House of Reps Gift Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address B217 Longworth Building

City Washington State DC Zip Code 20515

Purpose of Disbursement Gifts for Constituents

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2016

Amount of Each Disbursement this Period: 603.47

Memo Item

Transaction ID : 0038139-0022  
MEMO

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 3.16
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meals with Constituents 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0023</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Americrown Service Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address P. O. Box 2801		Amount of Each Disbursement this Period 511.20
City Daytona Beach State FL Zip Code 32120	Purpose of Disbursement Catering Services 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0024</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. We The Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 305 Pennsylvania Ave SE		Amount of Each Disbursement this Period 44.40
City Washington State DC Zip Code 20003	Purpose of Disbursement Meal With Tele-Townhall Volunteers 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038139-0025</b> MEMO
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**MICA FOR CONGRESS**

**A. Texas de Brazil**

Full Name (Last, First, Middle Initial)  
Mailing Address 5259 Internaional Dr

City Orlando State FL Zip Code 32819

Purpose of Disbursement Event Meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2016

Amount of Each Disbursement this Period: 712.15

Memo Item

Transaction ID : 0038139-0029 MEMO

**B. Piryx, Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address 144 2nd St, 1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2016

Amount of Each Disbursement this Period: 4.50

Memo Item

Transaction ID : 0038173

**c. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 5779 S Highway 17-92

City Casselberry State FL Zip Code 32707

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 19 / 2016

Amount of Each Disbursement this Period: 224.68

Memo Item

Transaction ID : 0038064

**SUBTOTAL** of Disbursements This Page (optional) ..... 229.18

**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 50 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Petty Cash</b>		M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period
City Casselberry State FL Zip Code 32718		100.00
Purpose of Disbursement Petty Cash		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : 0038098</b>
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Verizon Wireless</b>		M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period
City Dallas State TX Zip Code 75266		144.16
Purpose of Disbursement PHONE EXPENSES		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : 0038350</b>
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Petty Cash</b>		M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period
City Casselberry State FL Zip Code 32718		100.00
Purpose of Disbursement Petty Cash		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : 0038099</b>
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	344.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 109 Live Oak Blvd.		Amount of Each Disbursement this Period 1190.00
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : 0038097</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CenturyLink</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address P. O. Box 30784		Amount of Each Disbursement this Period 203.34
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement PHONE EXPENSES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : 0038346</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Millennium Consulting Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address PO Box 568926		Amount of Each Disbursement this Period 7511.20
City Orlando	State FL	
Zip Code 32856	Purpose of Disbursement MAILING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	<b>Transaction ID : 0038094</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8904.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016	
Mailing Address PO Box 360001			Amount of Each Disbursement this Period 1541.86	
City Ft Lauderdale	State FL	Zip Code 33336	Memo Item <input type="checkbox"/>	
Purpose of Disbursement TRAVEL & MEAL EXPENSES		Category/ Type 002	Transaction ID : 0038142 ITEMIZATION BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SOGO Sodexo (House Dining Room)</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016	
Mailing Address US Capitol			Amount of Each Disbursement this Period 55.40	
City Washington	State DC	Zip Code 20515	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Meals with Constituents		Category/ Type 003	Transaction ID : 0038142-0001 MEMO	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. SOGO Sodexo (House Dining Room)</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016	
Mailing Address US Capitol			Amount of Each Disbursement this Period 45.20	
City Washington	State DC	Zip Code 20515	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Meals with Constituents		Category/ Type 003	Transaction ID : 0038142-0002 MEMO	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1541.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rentacar</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 600 Corporate Park Dr		Amount of Each Disbursement this Period 205.68
City St Louis	State MO	
Zip Code 63105	Purpose of Disbursement Car Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038142-0004</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 666.04
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement PHONE EXPENSES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038142-0006</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 5.06
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038142-0007</b> MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cafe Perks</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016	
Mailing Address 899 State Road 436			Amount of Each Disbursement this Period 25.99	
City Casselberry	State FL	Zip Code 32707	Category/ Type 003	
Purpose of Disbursement Meals with Constituents				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038142-0009 MEMO	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016	
Mailing Address 329 North Park Ave			Amount of Each Disbursement this Period 8.87	
City Winter Park	State FL	Zip Code 32789	Category/ Type 003	
Purpose of Disbursement Meals with Constituents				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038142-0010 MEMO	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. Franciscos Restorante</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016	
Mailing Address 400 S Orlando Ave			Amount of Each Disbursement this Period 103.44	
City Maitland	State FL	Zip Code 32751	Category/ Type 003	
Purpose of Disbursement Meals with Constituents				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038142-0011 MEMO	
State: _____	District: _____			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 310 Park South Restr.</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016		
Mailing Address 310 S Park Ave			Amount of Each Disbursement this Period 62.61		
City Winter Park	State FL	Zip Code 32789	Category/ Type 003		
Purpose of Disbursement Meals with Constituents					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038142-0012 MEMO		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016		
Mailing Address 329 North Park Ave			Amount of Each Disbursement this Period 8.57		
City Winter Park	State FL	Zip Code 32789	Category/ Type 003		
Purpose of Disbursement Meals with Constituents					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038142-0016 MEMO		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Mr. W. Edward Langdon</b>			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016		
Mailing Address self 601 N. Ferncreek #200			Amount of Each Disbursement this Period 1306.00		
City Orlando	State FL	Zip Code 32803	Category/ Type 001		
Purpose of Disbursement ACCOUNTING SERVICES					
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038093		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1306.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 08 / 2016	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 11.25	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit card processing fees		Category/ Type 003	Transaction ID : 0038172	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 11.25	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit card processing fees		Category/ Type 003	Transaction ID : 0038171	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 11.25	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit card processing fees		Category/ Type 003	Transaction ID : 0038170	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.75
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 22.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card processing fees	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : 0038168</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 45.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card processing fees	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : 0038169</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Petty Cash</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period 100.00
City Casselberry	State FL Zip Code 32718	
Purpose of Disbursement Petty Cash	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : 0038108</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	167.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jillian Wist</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 112 McLeods Way		Amount of Each Disbursement this Period 500.00
City Casselberry	State FL	
Zip Code 32708	Purpose of Disbursement ACCOUNTING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : 0038110</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 45.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : 0038164</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 45.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : 0038165</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	590.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 19 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 45.00		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card processing fees		Category/ Type 003			
Candidate Name			Transaction ID : 0038166		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 19 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 45.00		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card processing fees		Category/ Type 003			
Candidate Name			Transaction ID : 0038167		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Winter Park Racquet Club</b>			Date of Disbursement MM / DD / YYYY 02 / 19 / 2016		
Mailing Address 2111 Via Tuscany			Amount of Each Disbursement this Period 379.72		
City Winter Park	State FL	Zip Code 32789	Memo Item <input type="checkbox"/>		
Purpose of Disbursement EVENT CATERING COSTS		Category/ Type 003			
Candidate Name			Transaction ID : 0038345		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	469.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

**A. Petty Cash**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement Petty Cash Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 19 / 2016

Amount of Each Disbursement this Period: 100.00

Memo Item

**Transaction ID : 0038109**

**B. Ms. Jillian Wist**

Full Name (Last, First, Middle Initial)  
Mailing Address 112 McLeods Way

City Casselberry State FL Zip Code 32708

Purpose of Disbursement Salary Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 19 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

**Transaction ID : 0038344**

**c. Office Depot**

Full Name (Last, First, Middle Initial)  
Mailing Address 501 N. Orlando Avenue #201

City Winter Park State FL Zip Code 32789

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 21 / 2016

Amount of Each Disbursement this Period: 569.20

Memo Item

**Transaction ID : 0038343**

**SUBTOTAL** of Disbursements This Page (optional) ..... 1169.20

**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 61 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016		
Mailing Address 300 1st Street, SE			Amount of Each Disbursement this Period 1611.13		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Catering Services		Category/ Type 007	Transaction ID : 0038341		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016		
Mailing Address PO Box 660108			Amount of Each Disbursement this Period 144.45		
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PHONE EXPENSES		Category/ Type 001	Transaction ID : 0038347		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. CenturyLink</b>			Date of Disbursement MM / DD / YYYY 03 / 01 / 2016		
Mailing Address P. O. Box 30784			Amount of Each Disbursement this Period 202.30		
City Tampa	State FL	Zip Code 33630	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PHONE EXPENSES		Category/ Type 001	Transaction ID : 0038363		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1957.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 355 E State Road 436		Amount of Each Disbursement this Period 108.85
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement Food and Refreshments for Event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	<b>Transaction ID : 0038331</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Publix Super Market</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 1455 E State Road 436		Amount of Each Disbursement this Period 89.00
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement Food and Refreshments for Event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	<b>Transaction ID : 0038332</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 866.47
City Ft Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement TRAVEL & MEAL EXPENSES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : 0038141</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>ITEMIZATION BELOW</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1064.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 70			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 1-800 Flowers.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2016</b>
Mailing Address <b>1600 Stewart Ave</b>		Amount of Each Disbursement this Period <b>72.39</b>
City <b>Westbury</b> State <b>NY</b> Zip Code <b>11590</b>	Purpose of Disbursement <b>Gifts for Constituents</b> <b>003</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038141-0001</b> <b>MEMO</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. SOGO Sodexo (House Dining Room)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2016</b>
Mailing Address <b>US Capitol</b>		Amount of Each Disbursement this Period <b>30.50</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20515</b>	Purpose of Disbursement <b>Meals with Constituents</b> <b>003</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038141-0002</b> <b>MEMO</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. 310 Park South Restr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2016</b>
Mailing Address <b>310 S Park Ave</b>		Amount of Each Disbursement this Period <b>70.40</b>
City <b>Winter Park</b> State <b>FL</b> Zip Code <b>32789</b>	Purpose of Disbursement <b>Meals with Constituents</b> <b>003</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038141-0005</b> <b>MEMO</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 329 North Park Ave			Amount of Each Disbursement this Period 8.12		
City Winter Park	State FL	Zip Code 32789	Category/ Type 003		
Purpose of Disbursement Meals with Constituents					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038141-0006 MEMO		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Stefano's Trattoria</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 1425 Tuskawilla Rd			Amount of Each Disbursement this Period 120.58		
City Winter Springs	State FL	Zip Code 32708	Category/ Type 003		
Purpose of Disbursement Meals with Constituents					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038141-0008 MEMO		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. 310 Park South Restr.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 310 S Park Ave			Amount of Each Disbursement this Period 48.28		
City Winter Park	State FL	Zip Code 32789	Category/ Type 003		
Purpose of Disbursement Meals with Constituents					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 0038141-0011 MEMO		
State: District:					

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 70			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 329 North Park Ave			Amount of Each Disbursement this Period 3.16		
City Winter Park	State FL	Zip Code 32789	Category/Type 003		
Purpose of Disbursement Meals with Constituents			<input checked="" type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : 0038141-0012 MEMO		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 329 North Park Ave			Amount of Each Disbursement this Period 3.09		
City Winter Park	State FL	Zip Code 32789	Category/Type 003		
Purpose of Disbursement Meals with Constituents			<input checked="" type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : 0038141-0015 MEMO		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016		
Mailing Address 329 North Park Ave			Amount of Each Disbursement this Period 3.16		
City Winter Park	State FL	Zip Code 32789	Category/Type 003		
Purpose of Disbursement Meals with Constituents			<input checked="" type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : 0038141-0016 MEMO		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 6.46
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meals with Constituents 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038141-0017</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. We The Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 305 Pennsylvania Ave SE		Amount of Each Disbursement this Period 21.09
City Washington State DC Zip Code 20003	Purpose of Disbursement Meal With Tele-Townhall Volunteers 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038141-0018</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Host (House Dining Room)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address B-339 Rayburn HOB		Amount of Each Disbursement this Period 79.80
City Washington State DC Zip Code 20515	Purpose of Disbursement Meals with Constituents 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : 0038141-0019</b> MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Franciscos Restorante</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 400 S Orlando Ave		Amount of Each Disbursement this Period 82.50
City Maitland	State FL	
Zip Code 32751	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038141-0020</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Host (House Dining Room)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address B-339 Rayburn HOB		Amount of Each Disbursement this Period 79.50
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038141-0021</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 3.80
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meals with Constituents	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038141-0023</b> MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Majority In Congress PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 601 N Ferncreek Ave, Suite 210		Amount of Each Disbursement this Period 500.00
City Orlando State FL Zip Code 32803	Purpose of Disbursement IN-KIND: Advertising	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038366-1K</b> (contributor) In-Kind Received
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.50
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038163</b>
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.50
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 0038162</b>
State: District:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	509.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 70			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016		
Mailing Address PO Box 660108			Amount of Each Disbursement this Period 144.45		
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PHONE EXPENSES		Category/ Type 001	Transaction ID : 0038352		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Alan Byrd and Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016		
Mailing Address 2144 Hidden Pine Ln			Amount of Each Disbursement this Period 1000.00		
City Apopka	State FL	Zip Code 32712	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Website Hosting and Maintenance		Category/ Type 001	Transaction ID : 0038353		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. CenturyLink</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016		
Mailing Address P. O. Box 30784			Amount of Each Disbursement this Period 202.47		
City Tampa	State FL	Zip Code 33630	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PHONE EXPENSES		Category/ Type 001	Transaction ID : 0038351		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1346.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 45.00		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card processing fees		Candidate Name	Transaction ID : 0038158		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 003		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 22.50		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card processing fees		Candidate Name	Transaction ID : 0038159		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 003		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 1.13		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card processing fees		Candidate Name	Transaction ID : 0038161		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 003		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.63
<b>TOTAL</b> This Period (last page this line number only).....	23496.43