

# 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  
**HASTINGS FOR CONGRESS**

ADDRESS (number and street) P.O. BOX 100277  
 Check if different than previously reported. (ACC) FT. LAUDERDALE FL 33310

2. **FEC IDENTIFICATION NUMBER** C C00269837 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 23

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2011 through 09 / 30 / 2011

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 Mr. TOMAS MCINTOSH  
Signature of Treasurer Mr. TOMAS MCINTOSH *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 11 / 2011

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

Write or Type Committee Name  
**HASTINGS 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))....	102677.27	323089.78
(b) Total Contribution Refunds (from Line 20(d)) .....	50.00	1065.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	102627.27	322024.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	42139.35	170139.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7512.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42139.35	162627.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	317711.78	
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)

Page 3

Write or Type Committee Name

**HASTINGS 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).....	46475.00	187812.48
(ii) Unitemized.....	7695.00	20006.39
(iii) TOTAL of contributions from individuals ▶	54170.00	207818.87
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	48507.27	115270.91
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	102677.27	323089.78
<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>	0.00	7512.33
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	102677.27	330602.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42139.35	170139.54
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 .....	50.00	1065.00
(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)).....	50.00	1065.00
21. OTHER DISBURSEMENTS .....	6700.00	39400.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	48889.35	210604.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	263923.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102677.27
25. SUBTOTAL (add Line 23 and Line 24).....	366601.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48889.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	317711.78

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N  
Transaction ID :

ALCEE HASTINGS TRIP TO MISSISSIPPI AUGUST 11-13,2011 FOR CONGRESSIONAL BLACK CACUS			
INSTITUTE-TUNICA POLICY CONFERENCE-TUNICA,MISSISSIPPI.			
REGISTRATION	\$2200.00	AIR FARE	745.00
HOTEL	479.60	CAR RENTAL	200.20
TOTAL	\$ 3624.80		

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 6 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. DENNY ABBOTT Esq.**

Mailing Address 353 HAMMOCK TRAIL

City WEST PALM BEACH State FL Zip Code 33413

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : SA11AI.19845**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JAMES R. AGRAS**

Mailing Address 73 LEBANON HILLS DRIVE

City PITTSBURGH State PA Zip Code 15228

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

Name of Employer TRIANGLE TECH GROUP Occupation CHAIRMAN & CEO

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2011

**Transaction ID : SA11AI.19768**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Dr. PTYUSH C. AGRAWAL**

Mailing Address 1625 EAGLE BND

City WESTON State FL Zip Code 33327-1615

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

Name of Employer RETIRED Occupation MEDICAL DOCTOR

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : SA11AI.19815**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

900.00

**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 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. PTYUSH C. AGRAWAL**

Mailing Address 1625 EAGLE BND

City WESTON State FL Zip Code 33327-1615

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

Name of Employer RETIRED Occupation MEDICAL DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : SA11AI.19978**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. THOMAS L ALTMAN**

Mailing Address 1000 NE 2ND AVENUE

City BELLE GLADE State FL Zip Code 33430

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

Name of Employer SELF Occupation STOCKBROKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19947**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ALEJANDRO D. ARRUZA**

Mailing Address 127 DANFORTH DRIVE

City JUPITER State FL Zip Code 33458

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

Name of Employer SELF EMPLOYED Occupation BUSINESSMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19963**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 8 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. ERNEST BOGEN**

Mailing Address 33400 VAN DYKE ROAD

City State Zip Code  
STERLINGS HIGHTS MI 48312

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

Name of Employer Occupation  
SELF MEDICAL DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : SA11AI.19819**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms ELIZABETH BUNTROCK**

Mailing Address 521 E. LAS OLAS BLVD.

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
RETIRED EDUCATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19922**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. CHRISTOPHER COELLO**

Mailing Address 2377 W 10 TH AVE

City State Zip Code  
HIALEAH FL 33010

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

Name of Employer Occupation  
TELECUBA VP/BUSINESS DEVELOPEMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19863**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1750.00



**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 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. MITCHELL CYPRESS**

Mailing Address 6300 STIRLING ROAD

City State Zip Code  
HOLLYWOOD FL 33024

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

Name of Employer Occupation  
SEMINOLE TRIBE OF FLORIDA TRIBE LEADER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : SA11AI.19846**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms AMY N. DEAN**

Mailing Address 2600 ISLAND BLVD.  
APT. 1706

City State Zip Code  
WILLIAMS ISLAND FL 33160

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

Name of Employer Occupation  
SELF EMPLOYED MEDIATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19849**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. KENNETH EVANS**

Mailing Address 4624 SEA GRAPE DRIVE

City State Zip Code  
LAUDERDALE BY THE FL 33308

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

Name of Employer Occupation  
CAMP SUMER CAMP DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19870**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

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

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

1900.00

**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 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. ALEXANDER L. FANJUL**

Mailing Address 110 CHATEAUX DR.

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

Name of Employer SELF	Occupation BUSINESSMAN
--------------------------	---------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2011

**Transaction ID : SA11AI.19742**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ALFONSO FANJUL**

Mailing Address 110 CHATEAUX DR.

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

Name of Employer FLORIDA CRYSTAL SUGAR	Occupation CONSULTANT / CEO
---	--------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19977**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ANDRES FANJUL**

Mailing Address 109 WELLS ROAD

City PALM BEACH	State FL	Zip Code 33480
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FEC ID number of contributing federal political committee. **C**

Name of Employer FLORIDA CRYSTALS CORP	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2011

**Transaction ID : SA11AI.19739**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**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 11 OF 63  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms RAYSA FANJUL**

Mailing Address **1 N. CLEMATIS ST.  
STE 200**

City **WEST PALM BEACH** State **FL** Zip Code **33401**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : SA11AI.19939**

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

**B.** Full Name (Last, First, Middle Initial)  
**Ms BONNIE H GEISEN**

Mailing Address **5001 NW 85TH ROAD**

City **CORAL SPRINGS** State **FL** Zip Code **33067**

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

Name of Employer **SELF** Occupation **BUSINESS OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : SA11AI.19786**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. RUDOLPH A. GLASS**

Mailing Address **613 NW 2ND AVE  
APT B**

City **HALLANDALE** State **FL** Zip Code **33009**

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

Name of Employer **RETIRED** Occupation **INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : SA11AI.19811**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

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

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

**3400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. ROBERT GREEN**

Mailing Address 7430 NW 41 ST. CT.,

City LAUDERHILL State FL Zip Code 33319

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

Name of Employer RETIRED Occupation EDUCATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : SA11AI.19816**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ARNOLD GREVIOR**

Mailing Address 100 SE 6TH STREET

City FORT LAUDERDALE State FL Zip Code 33301

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : SA11AI.19784**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ABHISHEK GUPA**

Mailing Address 518 MEMORIAL WAY

City STANFORD State CA Zip Code 94305

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

Name of Employer STANFORD UNIVERSITY Occupation STUDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2011

**Transaction ID : SA11AI.19770**

Amount of Each Receipt this Period  
 750.00  
 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 13 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. FRED HADDAD Esq.**

Mailing Address 2400 DEL MAR PLACE

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 23 / 2011

**Transaction ID : SA11AI.19735**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. HOMER HAND**

Mailing Address P.O. BOX 572

City State Zip Code  
BELLE GLADE FL 33430

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19949**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. HORACE W. HARRIS**

Mailing Address P.O. BOX 952

City State Zip Code  
BELLE GLADE FL 33430

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19952**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1000.00

**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 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. HORACE W. HARRIS**

Mailing Address P.O. BOX 952

City State Zip Code  
BELLE GLADE FL 33430

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19968**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOE MARLIN HILLIARD**

Mailing Address 5500 FLAGHOLE RD

City State Zip Code  
CLEWISTON FL 33440

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19946**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ROBERT M. HOOKER**

Mailing Address P.O. BOX 1595

City State Zip Code  
BELLE GLADE FL 33430

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19954**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN L HUNDLEY Esq.**

Mailing Address 1440 HARBOUR POINT DRIVE

City NORTH PALM BEACH State FL Zip Code 33410

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19967**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms YOLANDO CASH JACKSON**

Mailing Address 8339 N.W. 195 TH TERRACE

City HIALEAH State FL Zip Code 33015

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19858**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ALAIN JEAN**

Mailing Address 401 E. LAS OLAS BLVD  
#130-428

City FT. LAUDERDALE State FL Zip Code 33301

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

Name of Employer BLOSSER & SAYFIE Occupation GOVERNMENT AFFAIRS CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19892**

Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

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

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

1825.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms JUDY JOHNSON**

Mailing Address 3600 NW 41 ST STREET

City LAUDERDALE LAKES State FL Zip Code 33309

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

Name of Employer CHRISTIAN AWARENESS, INC. Occupation RETIRED EDUCATOR/ MINISTER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : SA11AI.19783**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ARTHUR KEISER**

Mailing Address 5997 N.W. 63 RD WAY

City PARKLAND State FL Zip Code 33067

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

Name of Employer KEISER COLLAGE Occupation BUSINESSMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2011**

**Transaction ID : SA11AI.19850**

Amount of Each Receipt this Period  
**1500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM R. KENNEDY**

Mailing Address 1797 BACON POINT RD.

City PAHOKEE State FL Zip Code 33476-2603

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

Name of Employer SELF Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : SA11AI.19950**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**2650.00**



**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 17 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. ALAN KLUGER Esq.**

Mailing Address 2600 ISLAND BLVD  
APT # 2402

City State Zip Code  
WILLIAMS ISLAND FL 33160

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.19848**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. BENJAMIN P LAP**

Mailing Address 320 N GORDON ROAD

City State Zip Code  
FT. LAUDERDALE FL 33301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.19897**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. BENJAMIN P LAP**

Mailing Address 320 N GORDON ROAD

City State Zip Code  
FT. LAUDERDALE FL 33301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.19898**

Amount of Each Receipt this Period

CONTRIBUTION

**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 18 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM JR LEHMAN**

Mailing Address 21400 N.W. 2 ND AVENUE

City MIAMI State FL Zip Code 33169

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

Name of Employer SELF Occupation BUSINESSMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : SA11AI.19818**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ROBERT M LEVY Esq.**

Mailing Address 780 NE 69 TH ST  
APT 1703

City MIAMI State FL Zip Code 33138

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2011

**Transaction ID : SA11AI.19730**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms SHYROLL . MORRIS**

Mailing Address 1100 BISCAYNE BLVD  
# 2403

City MIAMI State FL Zip Code 33152

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

Name of Employer N. BROWAD HOSPITAL DISTRICT Occupation REGIONAL MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19874**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. WILLIAM A. MORRIS III**

Mailing Address **727 NW 6 STREET**

City **FT LAUDERDALE** State **FL** Zip Code **33311**

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

Name of Employer **SELF** Occupation **PHYSICAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2011**

**Transaction ID : SA11AI.19767**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM H. MYONES**

Mailing Address **ONE S.W. 129TH AVE**

City **PEMBROKE PINES** State **FL** Zip Code **33027**

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

Name of Employer **PERIODONTIST & IMPLANTOLOGY CT** Occupation **PERIODONTIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : SA11AI.19733**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Dr. DOROTHY ORR**

Mailing Address **2741 N.W. 26 AVE**

City **FT. LAUDERDALE** State **FL** Zip Code **33311**

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

Name of Employer **SELF** Occupation **PHYSICAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : SA11AI.19798**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

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

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

**1025.00**

**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 63  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. DOROTHY ORR**

Mailing Address **2741 N.W. 26 AVE**

City **FT. LAUDERDALE** State **FL** Zip Code **33311**

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

Name of Employer **SELF** Occupation **PHYSICAN**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2011**

**Transaction ID : SA11AI.19902**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. PAUL R. ORSENIGO**

Mailing Address **P. O. BOX 130**

City **BELLE GLADE** State **FL** Zip Code **33430**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : SA11AI.19945**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms ANTOINETTE J. PAULINE**

Mailing Address **3051 NW 24 TH STREET**

City **FT. LAUDERDALE** State **FL** Zip Code **33311-2879**

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

Name of Employer **SELF EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : SA11AI.19814**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

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

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

**525.00**

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

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

FOR LINE NUMBER: PAGE 21 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. RANDY S PROTO**

Mailing Address 33 SINGING OAKS DRIVE

City WESTON State CT Zip Code 06883

FEC ID number of contributing federal political committee. C

Name of Employer AMERICAN INSTITUTE Occupation CEO

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2011

**Transaction ID : SA11AI.19758**

Amount of Each Receipt this Period  
 750.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DAVID A. PYLE**

Mailing Address 200 EAST BAKER STREET SUITE 201

City COSTA MESA State CA Zip Code 92626

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation MANAGEMENT CONSULTANT-REAL ESTATI

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : SA11AI.19794**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. DANIEL D. REYNOLDS**

Mailing Address 926 POLK STREET

City HOLLYWOOD State FL Zip Code 33019

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation BUSINESS OWNER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11AI.19856**

Amount of Each Receipt this Period  
 750.00

CONTRIBUTION

**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 22 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. RAYMOND RICK ROTH**

Mailing Address 15385 ENSTROM RD.

City Wellington State FL Zip Code 33414-8361

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

Name of Employer SELF Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19973**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN C. ROYAL**

Mailing Address 324 SW 16TH STREET

City Belle Glade State FL Zip Code 33430

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

Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19942**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. SHELDON J. SCHLESINGER**

Mailing Address 1212 SE 3RD AVENUE

City FT. LAUDERDALE State FL Zip Code 33316

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

Name of Employer SHELDON J. SCHLESINGER, P.A. Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.19938**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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)	PAGE 23 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. GILBERT A. SCHNIRMAN**

Mailing Address 120 N. OCEAN BLVD

City State Zip Code  
DELRAY BEACH FL 33483

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

Name of Employer Occupation  
RETIRED MEDICAL DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 16 / 2011

**Transaction ID : SA11AI.19781**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. PARKS SHACKELFORD**

Mailing Address 3001 N MONROE ST.

City State Zip Code  
ARLINGTON VA 22207

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

Name of Employer Occupation  
RETIRED ACCOUNTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19972**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. NOEL SHAPIRO**

Mailing Address 950 SO DIXIE HIGHWAY

City State Zip Code  
HOLLYWOOD FL 33020

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

Name of Employer Occupation  
SELF COMPANY EXEC,

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19948**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2100.00

**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 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms VALERIE SHEA**

Mailing Address **2433 N.E. EIGHT STREET**

City **FT. LAUDERDALE** State **FL** Zip Code **33304**

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

Name of Employer **SEDGWICK LLP** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2011**

**Transaction ID : SA11AI.19875**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms JASMIN D SHIRLEY**

Mailing Address **1565 NW 4TH STREET**

City **FT. LAUDERDALE** State **FL** Zip Code **33311**

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

Name of Employer **NORTH BROWARD HOSPITAL DIST.** Occupation **VP. AMBULATORY SERVICES**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : SA11AI.19782**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Dr. BENJAMIN STEPHENSON**

Mailing Address **5007 NW 51ST COURT**

City **TAMARAC** State **FL** Zip Code **33319**

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

Name of Employer **RETIRED** Occupation **PHYSICAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2011**

**Transaction ID : SA11AI.19759**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

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

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

**1000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. CARLOS VIDUEIRA**

Mailing Address 411 N NEW RIVER DR  
APT 301

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
MARINE INDUSTRIES ASSC. MIASF EXEC. DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2011

**Transaction ID : SA11AI.19748**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. CARLOS VIDUEIRA**

Mailing Address 411 N NEW RIVER DR  
APT 301

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
MARINE INDUSTRIES ASSC. MIASF EXEC. DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2011

**Transaction ID : SA11AI.19750**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ERNESTO A. VILAR**

Mailing Address 8582 MAN-O-WAR ROAD

City State Zip Code  
PALM BEACH FL 33418

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19974**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

5500.00

**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 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. KEITH WALPOLE**

Mailing Address P.O. BOX 1177

City State Zip Code  
OKEECHOBEE FL 34973

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

Name of Employer Occupation  
SELF EMPLOYED TRANSPORTATION BUSINESS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19969**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM M. WEBSTER IV**

Mailing Address 184 MILLS AVE

City State Zip Code  
SPARTANBURG SC 29302

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

Name of Employer Occupation  
SELF EMPLOYED BUSINESS CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 12 / 2011

**Transaction ID : SA11AI.19754**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. GEORGE H. WEDGWORTH**

Mailing Address P.O. BOX 2255

City State Zip Code  
BELLE GLADE FL 33430

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

Name of Employer Occupation  
SUGAR CANE GROWERS COOPERATIVE AG. EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11AI.19953**

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

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

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

3250.00

**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 27 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms REBECCA WEDGWORTH**

Mailing Address 13643 STAIMFORD DRIVE

City Wellington State FL Zip Code 33414

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

Name of Employer SELF Occupation AGRI-BUSINESS MANAGER

Receipt For: 2012  
 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  
 09 / 30 / 2011

**Transaction ID : SA11AI.19965**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms MADELINE MEO WU**

Mailing Address 3436 PINE HAVEN CIRCLE

City BOCA RATON State FL Zip Code 33431

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

Name of Employer WATER RESTORATION, INC. Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2011

**Transaction ID : SA11AI.19760**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1250.00

46475.00

**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 28 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE**

Mailing Address 1050 31ST STREET NW

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C70003017

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2011

**Transaction ID : SA11C.19774**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 101 NORTH THIRD STREET

City MOORHEAD State MN Zip Code 56560

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2011

**Transaction ID : SA11C.19756**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

Mailing Address 1111 14TH STREET, NW, 11TH FLOOR

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : SA11C.19789**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 29 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW  
City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011  
**Transaction ID : SA11C.19934**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
ASSOCIATION OF PRIVATE SECTOR COLLEGES AND UNIVERSITIES POLITICAL ACTION COMMITTEE

Mailing Address 1101 CONNECTICUT AVENUE, NW SUITE 900  
City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00213066

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2011  
**Transaction ID : SA11C.19773**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street Room 7-A-50  
City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2011  
**Transaction ID : SA11C.19745**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 4500.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHECKSMART FINANCIAL LLC PAC**

Mailing Address 7001 POST ROAD

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C C00433805**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2011

**Transaction ID : SA11C.19753**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST CORP. POLITICAL ACTION COMMITTEE- FEDERAL**

Mailing Address 1701 JFK Boulevard, 49th Floor  
35th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2011

**Transaction ID : SA11C.19751**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)**

Mailing Address 100 INDIANA AVE. N. W.

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11C.19924**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

5000.00

**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 31 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**COMMITTEE ON POLITICAL EDUCATION**

Mailing Address 3945 IDAHO STREET

City SAN DIEGO State CA Zip Code 92104

FEC ID number of contributing federal political committee. **C** C70001680

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11C.19860**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COVINGTON AND BURLING LLP PAC**

Mailing Address 1201 PENNSYLVANIA AVENUE, NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00462630

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2011

**Transaction ID : SA11C.19775**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11C.19937**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3250.00

**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 63
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2011
Mailing Address 601 Pennsylvania Avenue, NW South Building, Suite 600		<b>Transaction ID : SA11C.19852</b>
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b> C00007880	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2011
Mailing Address 601 Pennsylvania Avenue, NW South Building, Suite 600		<b>Transaction ID : SA11C.19854</b>
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. <b>C</b> C00007880	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Mr. CHRIS VAN HOLLEN D.C.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2011
Mailing Address 430 S. CAPITAL STREET		<b>Transaction ID : SA11C.19728</b>
City WASHINGTON	State DC Zip Code 20003	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 7.27	
Name of Employer	Occupation	In-kind - FUNDRAISING SERVICES
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 33.66	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2007.27
<b>TOTAL</b> 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 33 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
EDUCATION MANAGEMENT CORPORATION EMPLOYEE PAC (EDMC EDU-PAC)

Mailing Address 210 SIXTH AVENUE  
33RD FLOOR

City State Zip Code  
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C** C00466169

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11C.19855**

Amount of Each Receipt this Period  
 750.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
FEDERAL BIPARTISAN VOLUNTARY PUBLIC AFFAIRS COMMITTEE OF THE PNC FINANCIAL SERVICES GROUP,

Mailing Address 249 FIFTH AVE., 21ST FLOOR

City State Zip Code  
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C** C00186064

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2011

**Transaction ID : SA11C.19821**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 Pennsylvania Avenue N.W. Sui

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2011

**Transaction ID : SA11C.19743**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2750.00

**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 63
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 Seventh St, NW  
City Washington State DC Zip Code 20001

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11C.19935**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Mailing Address 1325 Massachusetts Ave. NW  
City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : SA11C.19797**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRANSPORTATION ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 4226 KING STREET  
City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00340554

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : SA11C.19790**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 5500.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N Street NW

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011

Transaction ID : SA11C.19788

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1101 King Street  
Suite 600

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2011

Transaction ID : SA11C.19746

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNATIONAL UNION OF N.A.-AGLIWD/NMU

Mailing Address 5201 Auth Way

City	State	Zip Code
Camp Springs	MD	20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

Transaction ID : SA11C.19823

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

Full Name (Last, First, Middle Initial)  
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

**A.** Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2011

**Transaction ID : SA11C.19752**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

**B.** Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11C.19847**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)**

**C.** Mailing Address PO BOX 666

City BELLE GLADE State FL Zip Code 33430

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11C.19957**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 1000E

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : SA11C.19791**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TURKISH COALITON USA PAC (TC-USA PAC)**

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00432526**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2011

**Transaction ID : SA11C.19777**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**UNITED STATES SUGAR CORP-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE**

Mailing Address 111 PONCE DE LEON AVENUE

City CLEWISTON State FL Zip Code 33440

FEC ID number of contributing federal political committee. **C C00234120**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11C.19851**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 38 OF 63
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION PAC)

A. Mailing Address 1717 ARCH STREET 47TH FL S

City State Zip Code  
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2011

Transaction ID : SA11C.19744

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION PAC)

Mailing Address 1717 ARCH STREET 47TH FL S

City State Zip Code  
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

Transaction ID : SA11C.19824

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

2500.00  
 48507.27

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 63		
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ALLSTATE AUTO INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2011
Mailing Address 790 E. BROWARD BLVD.		Amount of Each Disbursement this Period 1036.12 <b>Transaction ID : SB17.20080</b>
City FT. LAUDERDALE	State FL	
Zip Code 33301	Purpose of Disbursement CAMPAIGN LEASE CAR INSURANCE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN P/SIGNS AMERICAN POLITICAL SIGNS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2011
Mailing Address P.O. BOX 22365		Amount of Each Disbursement this Period 620.00 <b>Transaction ID : SB17.20077</b>
City HOLLYWOOD	State FL	
Zip Code 33621	Purpose of Disbursement CAMPAIGN BUMPER STRIPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. A.T.&amp; T. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2011
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 196.10 <b>Transaction ID : SB17.19987</b>
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN OFFICE TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1852.22
<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 40 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. A.T.&amp; T. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 199.01 <b>Transaction ID : SB17.19991</b>
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. A.T.&amp; T. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 196.26 <b>Transaction ID : SB17.19995</b>
City CHARLOTTE	State NC	
Zip Code 28272	Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA BANK OF AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2011
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 82.65 <b>Transaction ID : SB17.19981</b>
City JACKSONVILLE	State FL	
Zip Code 32256	Purpose of Disbursement JULY BANK & CREDIT CARD CHARGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	477.92
<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 41 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BANK OF AMERICA BANK OF AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 82.65 <b>Transaction ID : SB17.19983</b>
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement AUGUST BANK & CREDIT CARDS CHARGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BANK OF AMERICA BANK OF AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2011
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : SB17.19985</b>
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement RETURN CHECK CHARGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA BANK OF AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 82.65 <b>Transaction ID : SB17.19984</b>
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement SEPTEMBER BANK & CREDIT CARD CHARGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BASHFULL DAISY BASHFULL DAISY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2011
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 157.94 <b>Transaction ID : SB17.20005</b>
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BASHFULL DAISY BASHFULL DAISY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 131.44 <b>Transaction ID : SB17.20045</b>
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BASHFULL DAISY BASHFULL DAISY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2011
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 184.44 <b>Transaction ID : SB17.20073</b>
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement FLOWERS FOR CONST.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	473.82
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIREFIGHTER BALL BCCPFF</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2011
Mailing Address 304 NE 1 ST. STREET		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.20007</b>
City POMPANO BEACH	State FL	
Zip Code 33060	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. MALCOM BLACK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2011
Mailing Address P.O. BOX 663		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.20070</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement MUSIC FOR F/R 9/25/2011.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BROWARD COUNTY AFL-C BROWARD COUNTY AFL-CIO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011
Mailing Address 1700 N.W. 66 AVE		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.20039</b>
City PLANTATION	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BULLFEATHERS BULLFEATHERS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2011
Mailing Address 410 FIRST STREET, SE		Amount of Each Disbursement this Period 280.28 <b>Transaction ID : SB17.20101</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement D/C FUNDRAISER BRUNCH	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2011
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.19986</b>
City OAKLAND PARK State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.19990</b>
City OAKLAND PARK State FL Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	980.28
<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 63			
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104			Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.19994</b>
City OAKLAND PARK	State FL	Zip Code 33311	
Purpose of Disbursement CAMPAIGN OFFICE LEASE PAYMENT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. COMCAST COMCAST</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2011
Mailing Address P.O. BOX 173885			Amount of Each Disbursement this Period 92.99 <b>Transaction ID : SB17.19989</b>
City DENVER	State CO	Zip Code 80217	
Purpose of Disbursement CAMPAIGN INTERNET SERVICE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. COMCAST COMCAST</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2011
Mailing Address P.O. BOX 173885			Amount of Each Disbursement this Period 92.99 <b>Transaction ID : SB17.19993</b>
City DENVER	State CO	Zip Code 80217	
Purpose of Disbursement CAMPAIGN INTERNET SERVICE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	535.98
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COMCAST COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 92.99 <b>Transaction ID : SB17.19997</b>
City DENVER	State CO	
Zip Code 80217	Purpose of Disbursement CAMPAIGN INTERNET SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. CHRIS VAN HOLLEN D.C.C.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2011
Mailing Address 430 S. CAPITAL STREET		Amount of Each Disbursement this Period 7.27 <b>Transaction ID : SB17.19729</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement In-kind - FUNDRAISING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DWC NE BROWARD DEMOCRATIC WOMENS CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2011
Mailing Address 1103 N. FEDERAL HIGHWAY		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.20059</b>
City POMPANO BEACH	State FL	
Zip Code 33004	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.26
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EDCO EDCO AWARDS &amp; SPECIALTIES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2011
Mailing Address 3702 DAVIE BLVD		Amount of Each Disbursement this Period 281.75 <b>Transaction ID : SB17.20014</b>
City FT. LAUDERDALE	State FL	
Zip Code 33312	Purpose of Disbursement ADWARDS FOR F/R EVENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. EDCO EDCO AWARDS &amp; SPECIALTIES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2011
Mailing Address 3702 DAVIE BLVD		Amount of Each Disbursement this Period 190.75 <b>Transaction ID : SB17.20071</b>
City FT. LAUDERDALE	State FL	
Zip Code 33312	Purpose of Disbursement AWARD FOR F/R PRESENTATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ELECTIONMALL INC ELECTIONMALL TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
Mailing Address 1101 PENNSYLVANIA AVE, NW		Amount of Each Disbursement this Period 505.30 <b>Transaction ID : SB17.20090</b>
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement 1000 BUTTONS FOR SEPT F/R	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	977.80
<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 48 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ALCEE L HASTINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2011
Mailing Address 2235 RAYBURN OFFICE BUILDING		Amount of Each Disbursement this Period 3624.80 <b>Transaction ID : SB17.20050</b>
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement REIMBURSEMENT -TRIP TO MISSISSIPPI	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>B. Mr. JOE HELLER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 1360 SW 52 ND. AVE		Amount of Each Disbursement this Period 1925.00 <b>Transaction ID : SB17.20106</b>
City NORTH LAUDERDALE State FL Zip Code 33068	Purpose of Disbursement F/R CONSULTANT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILLTOP MISSIONARY HILLTOP MISSIONARY BAPTIST</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2011
Mailing Address 1273 WEST 30TH STREET		Amount of Each Disbursement this Period 310.00 <b>Transaction ID : SB17.20084</b>
City RIVERA BEACH State FL Zip Code 33404	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5859.80
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HALL OF FAME MUSEUM IGFA FISHING HALL MUSEUM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2011
Mailing Address 300 GULF STREAM WAY		Amount of Each Disbursement this Period 530.00 <b>Transaction ID : SB17.20024</b>
City DANIA BEACH	State FL Zip Code 33004	
Purpose of Disbursement CAMPAIGN F/R VENUE- 9/25/2011		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INFINITI INC. INFINITI FINANCIAL SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2011
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 523.96 <b>Transaction ID : SB17.19988</b>
City DALLAS	State TX Zip Code 75265-0679	
Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INFINITI INC. INFINITI FINANCIAL SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2011
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 523.26 <b>Transaction ID : SB17.19992</b>
City DALLAS	State TX Zip Code 75265-0679	
Purpose of Disbursement CAMPAIGN LEASE CAR PAYMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1577.22
<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 50 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. INFINITI INC. INFINITI FINANCIAL SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address P.O. BOX 650679		Amount of Each Disbursement this Period 523.26
City DALLAS	State TX	
Zip Code 75265-0679	Purpose of Disbursement CAMPAIGN LEASE CAR PAYMENT	Transaction ID : SB17.19996
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. CLARENCE JACKSON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2011
Mailing Address 4361 NW 12TH COURT		Amount of Each Disbursement this Period 300.00
City LAUDERHILL	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN F/R WORKER	Transaction ID : SB17.20086
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 327.54
City LAUDERHILL	State FL	
Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	Transaction ID : SB17.19999
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1150.80
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 237.54 <b>Transaction ID : SB17.20023</b>
City LAUDERHILL State FL Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 327.54 <b>Transaction ID : SB17.20044</b>
City LAUDERHILL State FL Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 327.54 <b>Transaction ID : SB17.20081</b>
City LAUDERHILL State FL Zip Code 33313	Purpose of Disbursement CAMPAIGN MATERIAL STORAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	892.62
<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 63			
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CONGRESSIONAL PLAZA MATCHBOX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address 1699 ROCKVILLE PIKE		Amount of Each Disbursement this Period 299.04 <b>Transaction ID : SB17.20099</b>
City ROCKVILLE	State MD	
Zip Code 20852	Purpose of Disbursement FOOD FOR D/C F/RAISER 9/8/2011.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. TOMAS MCINTOSH</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2011
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.20021</b>
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. TOMAS MCINTOSH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2011
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.20043</b>
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMOPAIGN DATA ENTRY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2899.04
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. TOMAS MCINTOSH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.20078</b>
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2011
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : SB17.20011</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEMBERSHIP DUES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2011
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 62.76 <b>Transaction ID : SB17.20026</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN BRUNCH	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1852.76
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2011
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.20064</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement DUES ASSESSMENT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2011
Mailing Address 4801 N. STATE ROAD SEVEN		Amount of Each Disbursement this Period 252.25 <b>Transaction ID : SB17.20013</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <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 OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2011
Mailing Address 4801 N. STATE ROAD SEVEN		Amount of Each Disbursement this Period 27.55 <b>Transaction ID : SB17.20047</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	289.80
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PALM BEACH AFL-CIO PALM BEACH AFL-CIO</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2011	
Mailing Address 929 BELVEDERE ROAD			Amount of Each Disbursement this Period 300.00	
City WEST PALM BEACH	State FL	Zip Code 33405	Transaction ID : SB17.20038	
Purpose of Disbursement CAMPAIGN ADV. IN JOURNAL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PALM BEACH COUNTY PALM BEACH COUNTY DEC. CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2011	
Mailing Address 6903 LAKE ISLAND DRIVE			Amount of Each Disbursement this Period 250.00	
City LAKE WORTH	State FL	Zip Code 33467	Transaction ID : SB17.20027	
Purpose of Disbursement CAMPAIGN ADV. IN JOURNAL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. P.B.C.Y. DEMOCRATE PALM BEACH COUNTY YOUNG DEM.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2011	
Mailing Address 8578 155TH PLACE NORTH			Amount of Each Disbursement this Period 250.00	
City PALM BEACH GARDENS	State FL	Zip Code 33418	Transaction ID : SB17.19998	
Purpose of Disbursement SPONSORSHIP CAMPAIGN ADV.		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<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 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms RAPHINE RACHEZ</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2011
Mailing Address 1610 N W 24 TH STREET		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.20069</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN F/R WORKER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ST. LUCICTY-NAACP ST LUCIE COUNTY NAACP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2011
Mailing Address P.O. BOX 3103		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.20060</b>
City FT. PIERCE	State FL	
Zip Code 34948	Purpose of Disbursement CAMPAIGN ADV IN JOURNAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SW CATERING SW CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2011
Mailing Address 2055 N. UNIVERSITY DRIVE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.20053</b>
City SUNRISE	State FL	
Zip Code 33322	Purpose of Disbursement DEPOSIT ON 9/25/2011 F/R CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 57 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SW CATERING SW CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2011
Mailing Address 2055 N. UNIVERSITY DRIVE		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.20074</b>
City SUNRISE	State FL	
Zip Code 33322	Purpose of Disbursement F/R 9/25/2011 CATERING-BALANCE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TOSCANA CATERING TOSCANA CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2011
Mailing Address 601 2ND STREET, N.E.		Amount of Each Disbursement this Period 924.00 <b>Transaction ID : SB17.20092</b>
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement D/C F/R 9/8/11 CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTAL SERVICE U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
Mailing Address 1899 W. OAKLAND PARK BLVD.		Amount of Each Disbursement this Period 1320.00 <b>Transaction ID : SB17.20046</b>
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement STAMPS FOR INVITES FOR F/R 9/23/2011	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5994.00
<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 58 OF 63	
	<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)  
**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNION PRINTING UNION PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2011
Mailing Address 2321 PEMBROKE ROAD		Amount of Each Disbursement this Period 4065.00 <b>Transaction ID : SB17.20063</b>
City HOLLYWOOD State FL Zip Code 33020	Purpose of Disbursement PRINTING F/R 9/25/2011 INVITES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WESTSIDE GAZETTE WESTSIDE GAZETTE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2011
Mailing Address P.O. BOX 5304		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.20075</b>
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement CAMPAIGN FULL PAGE ADV.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9065.00
<b>TOTAL</b> This Period (last page this line number only).....	40506.62

**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 63	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ALONZO MORNING ALONZO MOURNING CHARITIES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2011	
Mailing Address 100 S. BISCAYNE BLVD. STE 1500			Amount of Each Disbursement this Period 1000.00	
City MIAMI	State FL	Zip Code 33144	Transaction ID : SB21.20017	
Purpose of Disbursement DONATION		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BROWARD COUNTY DEM BROWARD COUNTY YOUNG DEMOCRATS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2011	
Mailing Address P.O. BOX 100005			Amount of Each Disbursement this Period 250.00	
City POMPANO BEACH	State FL	Zip Code 33065	Transaction ID : SB21.20040	
Purpose of Disbursement SPONSORSHIP- DONATION		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BROWARD DEM. PARTY BROWARD DEMOCRATIC PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2011	
Mailing Address 1888A N. UNIVERSIY DR.			Amount of Each Disbursement this Period 500.00	
City PLANTATION	State FL	Zip Code 33324	Transaction ID : SB21.20085	
Purpose of Disbursement DONATION		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<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 60 OF 63			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. KATHY HOCHUL FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2011
Mailing Address PO BOX 64		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.20088</b>
City BUFFALO	State NY	
Zip Code 14231	Purpose of Disbursement CAMPAIGN DONATION	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 26	

Full Name (Last, First, Middle Initial) <b>B. REV JOHN LEE MOREHOUSE SCHOOL OF RELIGION</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2011
Mailing Address P.O. BOX 92365		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.20004</b>
City ATLANTA	State GA	
Zip Code 30314	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NEW HOPE NEW HOPE CHARITIES. INC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2011
Mailing Address 626 NORTH DIXIE HIGHWAY		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.20009</b>
City WEST PALM BEACH	State FL	
Zip Code 33401	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<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 61 OF 63
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. PANTHER 100 CLUB PANTHER 100 CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address 2501 NW 11TH STREET		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.20062</b>
City State Zip Code FT. LAUDERDALE FL 33311	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms VASHTI POWELL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2011
Mailing Address 14146 SW 31 ST STREET		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.20015</b>
City State Zip Code MIRAMAR FL 33027	Purpose of Disbursement SCHOLARSHIP DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SANCHEZ, LORETTA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2011
Mailing Address P.O. BOX 6037		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.20095</b>
City State Zip Code SANTA ANA CA 92706	Purpose of Disbursement CAMPAIGN DONATION	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 46		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2300.00
<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 62 OF 63	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TAMARAC YOUTH TAMARAC YOUTH FOOTBALL LEAGUE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2011
Mailing Address P.O. BOX 771053		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.20031</b>
City CORAL SPRINGS	State FL	
Zip Code 33077	Purpose of Disbursement SPONSORSHIP-DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FOOD BANK THE POVERELLO CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2011
Mailing Address 2056 NORTH DIXIE HIGHWAY		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.20019</b>
City WILTON MANORS	State FL	
Zip Code 33305	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. T/B OF BROWARD CTY. TRAILBLAZERS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2011
Mailing Address P.O. BOX 100648		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.20032</b>
City FT. LAUDERDALE	State FL	
Zip Code 33310	Purpose of Disbursement SPONSORSHIP - DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.00
<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 63 OF 63			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. WEPRIN, DAVID I</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address 72-50 AUSTIN STREET 2ND FL		Amount of Each Disbursement this Period 500.00
City FOREST HILLS	State NY Zip Code 11375	
Purpose of Disbursement CAMPAIGN DONATION	Category/Type	Transaction ID : SB21.20093
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 09		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	6600.00