

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SCHLESINGER 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))....	4904.00	54793.30
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4904.00	54793.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78151.01	236498.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	1529.46	1704.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76621.55	234793.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SCHLESINGER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4250.00	49100.00
(ii) Unitemized.....	654.00	5693.30
(iii) TOTAL of contributions from individuals ▶	4904.00	54793.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4904.00	54793.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	55000.00	180000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	55000.00	180000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1529.46	1704.71
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	61433.46	236498.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78151.01	236498.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	78151.01	236498.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16717.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61433.46
25. SUBTOTAL (add Line 23 and Line 24).....	78151.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78151.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 31
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Floresha Dauti		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 8 Old Town Road		Transaction ID : SA11AI.4544	
City New Fairfield	State CT	Zip Code 06812	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Starion Energy	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Sevdi Dauti		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 8 Old Town Road		Transaction ID : SA11AI.4543	
City New Fairfield	State CT	Zip Code 06812	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Starion Energy Inc	Occupation CFO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) C. Themis Klarides		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 22 Canfield Rd		Transaction ID : SA11AI.4552	
City Seymour	State CT	Zip Code 06483	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Cohen and Wolf PC	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frayda Lindemann

Mailing Address 1565 N Ocean Way

City State Zip Code
Palm Beach Gardens FL 33480

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1565 N Ocean Way

City State Zip Code
Palm Beach Gardens FL 33480

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3000 N Ocean Dr Apt 16F

City State Zip Code
Singer Island FL 33404

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2014

Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Zappone

Mailing Address 323 Cedar Mountain Road

City Thomaston State CT Zip Code 06787

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

Name of Employer Starion Energy Occupation Sales Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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).....

250.00

4250.00

**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 31
	<input type="checkbox"/> 11a 12 <input checked="" 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)
SCHLESINGER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALAN SCHLESINGER

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C H4FL18043**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 175000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014

Transaction ID : SA13A.4536

Amount of Each Receipt this Period
 _____ 50000.00

Loan

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

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C H4FL18043**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 180000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014

Transaction ID : SA13A.4540

Amount of Each Receipt this Period
 _____ 5000.00

Loan

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).....

_____ 55000.00

_____ 55000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : SA13A.4536

(Current loan amount of 50000.00 from a balance of 50000.00 has been forgiven)

Form/Schedule: SA13A

Transaction ID: SA13A.4540

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

**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 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHLESINGER FOR CONGRESS

A. eDonation

Full Name (Last, First, Middle Initial)
Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **504.71**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA14.4572

Amount of Each Receipt this Period
329.46

Service Charge Refund

B. Southern Campaign Resources

Full Name (Last, First, Middle Initial)
Mailing Address 235 E Virginia St

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA14.4573

Amount of Each Receipt this Period
1200.00

Media Buy Refund

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).....

1529.46

1529.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 31	
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Budget Printing Center, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 4152 W Blue Heron Blvd #109		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4598
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Carroll and Company CPA's		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2640-A Mitcham Drive		Amount of Each Disbursement this Period 1188.53 Transaction ID : SB17.4575
City Tallahassee	State FL	
Zip Code 32308	Purpose of Disbursement Accounting Services & Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Direct Mail Systems		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 40000.00 Transaction ID : SB17.4601
City Clearwater	State FL	
Zip Code 33762	Purpose of Disbursement Media Buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	41413.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31			
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement								
A. Direct Mail Systems		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>08 / 11 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	08 / 11 / 2014					
M M / D D / Y Y Y Y										
08 / 11 / 2014										
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Clearwater</td> <td>FL</td> <td>33762</td> </tr> </table>		City	State	Zip Code	Clearwater	FL	33762	<table border="1"> <tr> <td>13101.30</td> </tr> </table>		13101.30
City	State	Zip Code								
Clearwater	FL	33762								
13101.30										
Purpose of Disbursement Direct Mail and Postage		Transaction ID : SB17.4602								
Candidate Name		Category/Type								
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<input type="checkbox"/> House	Disbursement For: 2014									
<input type="checkbox"/> Senate										
<input type="checkbox"/> President										
State: District:										

Full Name (Last, First, Middle Initial)		Date of Disbursement								
B. Direct Mail Systems		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>08 / 14 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	08 / 14 / 2014					
M M / D D / Y Y Y Y										
08 / 14 / 2014										
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Clearwater</td> <td>FL</td> <td>33762</td> </tr> </table>		City	State	Zip Code	Clearwater	FL	33762	<table border="1"> <tr> <td>4197.58</td> </tr> </table>		4197.58
City	State	Zip Code								
Clearwater	FL	33762								
4197.58										
Purpose of Disbursement Direct Mail & Postage		Transaction ID : SB17.4596								
Candidate Name		Category/Type								
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<input type="checkbox"/> House	Disbursement For: 2014									
<input type="checkbox"/> Senate										
<input type="checkbox"/> President										
State: District:										

Full Name (Last, First, Middle Initial)		Date of Disbursement								
C. Direct Mail Systems		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>08 / 14 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	08 / 14 / 2014					
M M / D D / Y Y Y Y										
08 / 14 / 2014										
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Clearwater</td> <td>FL</td> <td>33762</td> </tr> </table>		City	State	Zip Code	Clearwater	FL	33762	<table border="1"> <tr> <td>944.20</td> </tr> </table>		944.20
City	State	Zip Code								
Clearwater	FL	33762								
944.20										
Purpose of Disbursement Direct Mail & Postage		Transaction ID : SB17.4597								
Candidate Name		Category/Type								
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<input type="checkbox"/> House	Disbursement For: 2014									
<input type="checkbox"/> Senate										
<input type="checkbox"/> President										
State: District:										

SUBTOTAL of Disbursements This Page (optional).....	18243.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31			
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Direct Mail Systems		M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period	
City Clearwater State FL Zip Code 33762 Purpose of Disbursement Direct Mail and Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		8145.14 Transaction ID : SB17.4593	
State: District:		Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Direct Mail Systems		M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period	
City Clearwater State FL Zip Code 33762 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		5207.95 Transaction ID : SB17.4592	
State: District:		Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. eDonation		M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period	
City Alexandria State VA Zip Code 22314 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		183.67 Transaction ID : SB17.4569	
State: District:		Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	13536.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31			
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lamar Advertising		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 3760 New Tampa Highway		Amount of Each Disbursement this Period 1630.00 Transaction ID : SB17.4600
City Lakeland	State FL	
Zip Code 33815	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lamar Advertising		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 3760 New Tampa Highway		Amount of Each Disbursement this Period 407.50 Transaction ID : SB17.4594
City Lakeland	State FL	
Zip Code 33815	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ALAN SCHLESINGER		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2640A MITCHAM DRIVE		Amount of Each Disbursement this Period 1765.05 Transaction ID : SB17.4576
City TALLAHASSEE	State FL	
Zip Code 32308	Purpose of Disbursement Website, Postage, Advertising, Event Ticket	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 18	

SUBTOTAL of Disbursements This Page (optional).....	3802.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 31	
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Post Office			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1905 Blue Heron Blvd W			Amount of Each Disbursement this Period 533.20	
City Riviera Beach	State FL	Zip Code 33404	Transaction ID : SB17.4576.0	
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Staples			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1191 US Highway 1			Amount of Each Disbursement this Period 382.55	
City Vero Beach	State FL	Zip Code 32961	Transaction ID : SB17.4576.2	
Purpose of Disbursement Office Supplies		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Nationbuilder			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 448 S Hill St Ste. 200			Amount of Each Disbursement this Period 199.00	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : SB17.4576.4	
Purpose of Disbursement Website		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 31	
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 448 S Hill St Ste. 200		Amount of Each Disbursement this Period 76.71
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Transaction ID : SB17.4576.5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 296.70
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Transaction ID : SB17.4576.6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Southern Campaign Resources		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 235 E Virginia St		Amount of Each Disbursement this Period 456.95
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Robo Calls	Transaction ID : SB17.4599
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	456.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 31	
	<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)
SCHLESINGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Zuniga		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 2554 Lalique Circle		Amount of Each Disbursement this Period 498.14
City West Palm Beach	State FL	
Zip Code 33410	Purpose of Disbursement Ink Toner, Paper, Postage, Lumber	Transaction ID : SB17.4568
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1905 Blue Heron Blvd W		Amount of Each Disbursement this Period 107.80
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement Postage	Transaction ID : SB17.4568.0 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Lowe's Home Improvement		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 401 N. Congress Ave		Amount of Each Disbursement this Period 294.15
City Lake Park	State FL	
Zip Code 33403	Purpose of Disbursement Lumber	Transaction ID : SB17.4568.1 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	498.14
TOTAL This Period (last page this line number only).....	77951.01

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

NAME OF COMMITTEE (In Full) **SCHLESINGER FOR CONGRESS** Transaction ID : **SC/10.4115**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALAN SCHLESINGER	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE		

City	State	ZIP Code
TALLAHASSEE	FL	32308

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 05 / Y 2013	M M / D D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4115

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SCHLESINGER FOR CONGRESS** Transaction ID : **SC/10.4187**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
ALAN SCHLESINGER Primary
 Mailing Address 2640A MITCHAM DRIVE General
 Other (specify) ▼

City State ZIP Code
 TALLAHASSEE FL 32308

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M / D D / Y Y Y Y 09 / 20 / 2013	Date Due M M / D D / Y Y Y Y none	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4187

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) **SCHLESINGER FOR CONGRESS** Transaction ID : **SC/10.4258**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALAN SCHLESINGER	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE		

City	State	ZIP Code
TALLAHASSEE	FL	32308

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 12 / Y 2014	M M / D D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4258

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4352

SCHLESINGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ALAN SCHLESINGER

Primary

General

Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 / D 01 / Y 2014 Y

M M / D D / Y none Y Y

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

TOTALS This Period (last page in this line only)..... ▶

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4352

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4444

SCHLESINGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ALAN SCHLESINGER

Primary

General

Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 23 D

Y 2014 Y

M M

D D

Y none Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

TOTALS This Period (last page in this line only)..... ▶

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4444

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4536

SCHLESINGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ALAN SCHLESINGER

Primary

General

Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

08

2014

none

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

TOTALS This Period (last page in this line only)..... ▶

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4536

(Current loan amount of 50000.00 from a balance of 50000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SCHLESINGER FOR CONGRESS** Transaction ID : **SC/10.4540**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALAN SCHLESINGER	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2640A MITCHAM DRIVE		

City	State	ZIP Code
TALLAHASSEE	FL	32308

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	0.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 19 / Y 2014	M / D / Y none			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4540

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID: