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Image# 14978197480

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Cor		1		Office Use Only			
NAME OF COMMITTEE (in	TYPE OR PF	·	xample: If typing	g, type	12FE4M5				
SCHLESINGE	R FOR CONGRE	SS							
ADDRESS (number ar		CHAM DRIVE							
Check if dit than previous reported. (A	32308								
2. FEC IDENTIFIC	CATION NUMBER	CITY A		;	STATE A	ZIP CODE			
C C0054436	61	3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT ED FL 18			
(a) Quarterly R April 15	Quarterly Report (Q1)	(b) 12-Day PR	E-Election Repo Primary (12P) Convention (1	[General (1:				
	Quarterly Report (Q2) r 15 Quarterly Report (Q3)) Election or	M M /	D D /	Y Y Y Y	in the State of			
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Rep	ort for the:					
			General (30G)		Runoff (30	R) Special (30S)			
X Termina	tion Report (TER)	Election or	M M /	D D /	YYYY	in the State of			
5. Covering Period	M M / D D D 07	/ Y Y Y Y Y 2014	through	M M 09	/ 30 /	2014			
I certify that I have e	examined this Report and	d to the best of my k	nowledge and k	elief it is tru	ue, correct and	complete.			
Type or Print Name	of Treasurer Abby F Du	ıpree							
Signature of Treasure	Abby F Dupree		[Electronically F	<u>'iled]</u> D	ate 10	14 / Y Y Y Y Y Y 2014			
NOTE: Submission of	false, erroneous, or incom	nplete information may	subject the pers	son signing t	his Report to th	e penalties of 2 U.S.C. §437g.			
Office Use Only						FEC FORM 3 (Revised 02/2003)			

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 31

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

SCHLESINGER FOR CONGRESS

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4904.00	54793.3
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4904.00	54793.3
Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78151.01	236498.0
(b) Total Offsets to Operating Expenditures (from Line 14)	1529.46	1704.7
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	76621.55	234793.3
Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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

PAGE 3 / 31

236498.01

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SCHLESINGER FOR CONGRESS

07 09 2014 80 2014 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 4250.00 49100.00 (i) Itemized (use Schedule A)..... 654.00 5693.30 (ii) Unitemized (iii) TOTAL of contributions 4904.00 54793.30 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 4904.00 54793.30 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 55000.00 180000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 55000.00 180000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 1529.46 1704.71 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)

61433.46

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	78151.01	236498.01
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(-)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	78151.01	236498.01
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	16717.55
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	61433.46
25.	SUI	BTOTAL (add Line 23 and Line 24)		78151.01
26.	то	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	78151.01
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE		5	OF		31	
(c	(check only one)										
	X	11a		11b		11c		11	d		
		12		13a		13b		14	ļ		15

Any information copied from such Reports and or for commercial purposes, other than using	I Statements may not be sold or used by any pethe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGR	ESS	
Full Name (Last, First, Middle Initial) Floresha Dauti Mailing Address 8 Old Town Road City New Fairfield FEC ID number of contributing federal political committee. Name of Employer Starion Energy Receipt For: 2014 Primary General Other (specify)	State Zip Code CT 06812 C Occupation Executive Election Cycle-to-Date	Date of Receipt 08 19 2014 Transaction ID : SA11AI.4544 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Sevdi Dauti Mailing Address 8 Old Town Road City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
New Fairfield FEC ID number of contributing federal political committee. Name of Employer Starion Energy Inc Receipt For: 2014 Primary General Other (specify)	CT 06812 C Occupation CFO Election Cycle-to-Date	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Themis Klarides Mailing Address 22 Canfield Rd City Seymour FEC ID number of contributing federal political committee. Name of Employer Cohen and Wolf PC Receipt For: 2014 Primary General Other (specify)	State Zip Code CT 06483 C Occupation Attorney Election Cycle-to-Date	Date of Receipt M M M / D D / Y 2014 Transaction ID: SA11AI.4552 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	r only)	

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		31	
(che	(check only one)									
×	11a		11b		11c		11	d		
	12		13a		13b		14	ļ		15

Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRE	SS	
Full Name (Last, First, Middle Initial) Frayda Lindemann Mailing Address 1565 N Ocean Way City	State Zip Code	Date of Receipt 08 22 2014 Transaction ID: SA11AI.4556
Palm Beach Gardens FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: 2014 Primary General Other (specify)	FL 33480 C Occupation Retired Election Cycle-to-Date	Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) George Lindemann Mailing Address 1565 N Ocean Way City Palm Beach Gardens	State Zip Code FL 33480	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: 2014 Primary General Other (specify)	Occupation Retired Election Cycle-to-Date	Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) W David Tanksley Mailing Address 3000 N Ocean Dr Apt 16F City Singer Island FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: 2014 Primary General Other (specify)	State Zip Code FL 33404 C Occupation Retired Election Cycle-to-Date	Date of Receipt M M M / 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 of		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOF	R LINE	PAGE	:	/	OF		31		
(check only one)									
×	11a	11b		11c		11	d		
	12	13a		13b		14			15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS Full Name (Last, First, Middle Initial) Robert Zappone Date of Receipt Mailing Address 323 Cedar Mountain Road 80 2014 25 City State Zip Code Transaction ID: SA11AI.4574 CT 06787 **Thomaston** FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Starion Energy Sales Manager Receipt For: 2014 Election Cycle-to-Date | Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 4250.00 TOTAL This Period (last page this line number only).....

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

PAGE 8 OF 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11b 11c 11d Detailed Summary Page X 13a 12 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or fo	or commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRE	ESS	
A	ull Name (Last, First, Middle Initial) ALAN SCHLESINGER		Date of Receipt
	lailing Address 2640A MITCHAM DRIVE		08 08 2014
	ity FALLAHASSEE	State Zip Code FL 32308	Transaction ID : SA13A.4536
F	EC ID number of contributing ederal political committee.	C H4FL18043	Amount of Each Receipt this Period
S	ame of Employer elf Employed	Occupation Attorney	50000.00 Loan
R	eceipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
в	ull Name (Last, First, Middle Initial) ALAN SCHLESINGER	Date of Receipt	
N	lailing Address 2640A MITCHAM DRIVE		08 19 2014
	ity FALLAHASSEE	State Zip Code FL 32308	Transaction ID : SA13A.4540
	EC ID number of contributing ederal political committee.	C H4FL18043	Amount of Each Receipt this Period
	ame of Employer	Occupation	5000.00
_	elf Employed eceipt For: 2014	Attorney Election Cycle-to-Date	Loan
	Primary General Other (specify)	180000.00	
F	ull Name (Last, First, Middle Initial)		Date of Receipt
C. $_{\overline{\mathbb{N}}}$	failing Address		M M / D D / Y Y Y Y
C	ity	State Zip Code	
	EC ID number of contributing ederal political committee.	С	Amount of Each Receipt this Period
N	ame of Employer	Occupation	
R	eceipt For: Primary General Other (specify)		
61.11	PTOTAL of Descints This Dane (antique)		55000.00
301	BTOTAL of Receipts This Page (optional)		55000.00

1mage# 14978197488 PAGE 9 / 31

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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)

Name of Employer

Primary

Other (specify)

General

Receipt For:

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 10 OF 31 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 14

ITEMIZED RECEIPTS 13b 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) **eDonation** Date of Receipt Mailing Address 117 N Saint Asaph St 09 2014 30 City State Zip Code Transaction ID: SA14.4572 VA 22314 Alexandria FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 329.46 Name of Employer Occupation Service Charge Refund Receipt For: 2014 Election Cycle-to-Date Primary General 504.71 Other (specify) Full Name (Last, First, Middle Initial) Southern Campaign Resources Date of Receipt Mailing Address 235 E Virgina St 30 2014 Citv State Zip Code Transaction ID: SA14.4573 Tallahassee FL 32301 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1200.00 Name of Employer Occupation Media Buy Refund Receipt For: 2014 Election Cycle-to-Date | Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee.

Occupation

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

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

Election Cycle-to-Date

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	F	PAGE	11	OF	31		
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X	17		18		19a		19k
Detailed Suffillary Page		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. Budget Printing Center, LLC 2014 Mailing Address 4152 W Blue Heron Blvd #109 08 14 City State Zip Code Amount of Each Disbursement this Period FΙ Riviera Beach 33404 Purpose of Disbursement 225.00 Printing Transaction ID: SB17.4598 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Carroll and Company CPA's Date of Disbursement Mailing Address 2640-A Mitcham Drive 09 30 2014 City State Zip Code Amount of Each Disbursement this Period FL 32308 Tallahassee 1188.53 Purpose of Disbursement Accounting Services & Postage Transaction ID: SB17.4575 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Direct Mail Systems Mailing Address 12450 Automobile Blvd 08 2014 City State Zip Code Amount of Each Disbursement this Period Clearwater FL 33762 40000.00 Purpose of Disbursement Media Buy Transaction ID : SB17.4601 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 41413.53 SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	PA	GE	12	OF	31		
Use separate schedule(s) for each category of the Detailed Summary Page	(check on	ly one)						
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	ly information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any po				the purp	ose of s	olicit	ing contrib	utions
\rangle	NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS	_							
۸.	Full Name (Last, First, Middle Initial) Direct Mail Systems Mailing Address 12450 Automobile Blvd			Date M 0		ursemen	t /	2014	Y
	City State Zip Code Clearwater FL 33762 Purpose of Disbursement Direct Mail and Postage Candidate Name Office Sought: House Senate President Other (specify) City State Zip Code State State Zip Code State St	Category/ Type] Tr		unt of Ea		7	nent this F	
3.	State: District: Full Name (Last, First, Middle Initial) Direct Mail Systems Mailing Address 12450 Automobile Blvd			ursemen 14	t / Y	y y y 2014	Y		
	City State Zip Code Clearwater FL 33762 Purpose of Disbursement Direct Mail & Postage Candidate Name Office Sought: Disbursement For: 2014 Senate President Other (specify)	Category/ Type] Tr				j	ment this F	-
- .	State: District: Full Name (Last, First, Middle Initial) Direct Mail Systems Mailing Address 12450 Automobile Blvd				of Disbu	ursemen	t / Y	y y 2014	Y
	City State Zip Code Clearwater FL 33762 Purpose of Disbursement Direct Mail & Postage Candidate Name Office Sought: House Senate Disbursement For: 2014 Primary General	Category/ Type]] Tra	Amo		ach Disb	7	ment this F	-
	State: District: Other (specify) UBTOTAL of Disbursements This Page (optional)		_	E			7	18243.	08
Т	OTAL This Period (last page this line number only)						-		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:			I	PAGE	13	OF	31
Use separate schedule(s)	(check on							
for each category of the Detailed Summary Page	×	17		18		19a		19b
Detailed Suffillary Page		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. Direct Mail Systems 2014 Mailing Address 12450 Automobile Blvd 08 19 City State Zip Code Amount of Each Disbursement this Period FΙ Clearwater 33762 Purpose of Disbursement 8145.14 Direct Mail and Postage Transaction ID: SB17.4593 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) **Direct Mail Systems** Date of Disbursement Mailing Address 12450 Automobile Blvd 80 22 2014 City State Zip Code Amount of Each Disbursement this Period FL 33762 Clearwater 5207.95 Purpose of Disbursement Transaction ID: SB17.4592 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. eDonation Mailing Address 117 N Saint Asaph St 09 04 2014 City Zip Code State Amount of Each Disbursement this Period Alexandria VA 22314 Purpose of Disbursement 183.67 Service Charge Transaction ID : SB17.4569 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: District: 13536.76 SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:			F	PAGE	14	OF	31
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X	17		18		19a		19k
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Lamar Advertising 2014 Mailing Address 3760 New Tampa Highway 08 City State Zip Code Amount of Each Disbursement this Period FΙ Lakeland 33815 Purpose of Disbursement 1630.00 Advertising Transaction ID: SB17.4600 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Lamar Advertising Date of Disbursement Mailing Address 3760 New Tampa Highway 80 18 2014 City State Zip Code Amount of Each Disbursement this Period FL 33815 Lakeland 407.50 Purpose of Disbursement Advertising Transaction ID: SB17.4594 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. ALAN SCHLESINGER Mailing Address 2640A MITCHAM DRIVE 09 30 2014 City State Zip Code Amount of Each Disbursement this Period 32308 **TALLAHASSEE** FL 1765.05 Purpose of Disbursement Website, Postage, Advertising, Event Ticket Transaction ID: SB17.4576 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: FL District: 18 3802.55 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports a or for commercial purposes, other than usin					the purp	ose of solid	citing contrib	utions
NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONG								
Full Name (Last, First, Middle Initial) A. United States Post Office Mailing Address 1905 Blue Heron Blvd W				M	e of Disbu	ursement	2014	Y
City Riviera Beach	State FL	Zip Code 33404		Amo	ount of Ea	ach Disburs	ement this P	eriod
Purpose of Disbursement Postage				Trans	action ID	: SB17.457	533.2 '6.0	20
Candidate Name			Category/ Type		MO ITEM		·	
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (s	General						
Full Name (Last, First, Middle Initial) Staples					e of Disbu		V	V.
Mailing Address 1191 US Highway 1					м / 09	30 /	2014	Y
City Vero Beach	State FL	Zip Code 32961		Amo	ount of Ea	ach Disburs	sement this P	-
Purpose of Disbursement Office Supplies						: SB17.457		55
Candidate Name	<u> </u>		Category/ Type	[ME	MO ITEM]		
Senate President	Disbursement For: Primary Other (s	General						
State: District:								
Full Name (Last, First, Middle Initial) Nationbuilder					e of Disbu			_
Mailing Address 448 S Hill St Ste. 200					M /	30 /	2014	Y
City Los Angeles		o Code 0013		Amo	ount of Ea	ach Disburs	ement this P	Period
Purpose of Disbursement Website				TE			199.	00
Candidate Name			Category/ Type		action ID	: SB17.457	6.4	
Office Sought: House Senate President	Disbursement For: Primary Other (s	General	, , , , , , , , , , , , , , , , , , ,		♥ 11 EIVI	1		
State: District:								
SUBTOTAL of Disbursements This Page (o	ptional)						0.4	00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 16 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Nationbuilder 2014 Mailing Address 448 S Hill St Ste. 200 09 30 City State Zip Code Amount of Each Disbursement this Period CA Los Angeles 90013 Purpose of Disbursement 76.71 Website Transaction ID: SB17.4576.5 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 1601 Willow Road 09 30 2014 City State Zip Code Amount of Each Disbursement this Period CA 94025 Menlo Park 296.70 Purpose of Disbursement Advertising Transaction ID: SB17.4576.6 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. Southern Campaign Resources Date of Disbursement Mailing Address 235 E Virgina St 08 2014 13 City State Zip Code Amount of Each Disbursement this Period Tallahassee FL 32301 Purpose of Disbursement Robo Calls 456.95 Transaction ID : SB17.4599 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 456.95 SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 17 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. David Zuniga 2014 Mailing Address 2554 Lalique Circle 09 04 City State Zip Code Amount of Each Disbursement this Period FΙ West Palm Beach 33410 Purpose of Disbursement 498.14 Ink Toner, Paper, Postage, Lumber Transaction ID: SB17.4568 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) United States Post Office Date of Disbursement Mailing Address 1905 Blue Heron Blvd W 09 04 2014 City State Zip Code Amount of Each Disbursement this Period FL 33404 Riviera Beach 107.80 Purpose of Disbursement Postage Transaction ID: SB17.4568.0 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Lowe's Home Improvement Mailing Address 401 N. Congress Ave 09 04 2014 City State Zip Code Amount of Each Disbursement this Period Lake Park FL 33403 294.15 Purpose of Disbursement Lumber Transaction ID: SB17.4568.1 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 498.14 SUBTOTAL of Disbursements This Page (optional)..... 77951.01

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

Use separate schedule(s)

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for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4115 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 06^M 05 2013 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

1mage# 14978197498 PAGE 19 / 31

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SC/10 Transaction ID: SC/10.4115

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

SCHEDULE C (FEC Form 3)

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4187 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 20 2013 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4187

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

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4258 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M ^D12 ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4258

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

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4352 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 05^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4352

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

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

Use separate schedule(s)

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for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4444 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 ^M 07^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4444

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

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

Use separate schedule(s)

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for each category of the Detailed Summary Page Transaction ID: SC/10.4536 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M 08 ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4536

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

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

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4540 NAME OF COMMITTEE (In Full) SCHLESINGER FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ALAN SCHLESINGER General Mailing Address Other (specify) \blacktriangledown 2640A MITCHAM DRIVE State ZIP Code City FL 32308 **TALLAHASSEE** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M08^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4540

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