



**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))....	37307.80	37357.80
(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)).....	37307.80	37357.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35365.32	69874.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	34.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35365.32	69839.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	234760.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**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).....	11800.00	11800.00
(ii) Unitemized.....	400.00	450.00
(iii) TOTAL of contributions from individuals ▶	12200.00	12250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25107.80	25107.80
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37307.80	37357.80
<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	34.82
<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>	37307.80	37392.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35365.32	69874.21
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 .....	23288.00	24638.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58653.32	94512.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	256105.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37307.80
25. SUBTOTAL (add Line 23 and Line 24).....	293413.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58653.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	234760.39

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

Form/Schedule: F3N

Transaction ID :

ALCEE HASTINGS- REIMBURSE RENEW-US AIRWAYS CHAIRMAN'S PREFERRED STATUS AIR TRAVEL  
02/15/2013 \$2499.00

ALCEE HASTINGS- REIMBURSE - TRAVEL TO F/R EVENT 3/22-3/24 (AIR TRAVEL TICKETS/CAR  
RENTAL/HOTEL/MEALS) 03/30/13 \$3558.51.

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: (check only one)	PAGE 6 OF 37
	<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 MARY L. BARLEY**

Mailing Address P.O. BOX 1915

City State Zip Code  
ISLAMORADA FL 33036

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2013

**Transaction ID : SA11AI.21447**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. SAM CALIENDO**

Mailing Address P.O. BOX 880

City State Zip Code  
BOCA RATON FL 33429

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

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11AI.21474**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. FRANK CASSANDRA**

Mailing Address 9451 SEDGEWOOD DRIVE

City State Zip Code  
LAKE WORTH FL 33467

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

Name of Employer Occupation  
ASTRONICS DME CORPORATION VICE PRESIDENT & GENERAL MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11AI.21470**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<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. HENRY G. HERZING**

Mailing Address 64 CAYMAN PL.

City State Zip Code  
PALM BCH GDNS FL 33418

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

Name of Employer Occupation  
HERZING UNIVERSITY CHANCELLOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2013

**Transaction ID : SA11Al.21451**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 5997 N.W. 63 RD WAY

City State Zip Code  
PARKLAND FL 33067

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

Name of Employer Occupation  
KEISER COLLAGE BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11Al.21473**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. IAN A. MACKECHNIE**

Mailing Address 921 HARBOUR BAY DR.

City State Zip Code  
TAMPA FL 33602

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

Name of Employer Occupation  
AMSCOT FINANCIAL EXECUTIVE VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11Al.21481**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4500.00

**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 37
	<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. MIKE E. MCKAY**

Mailing Address 6500 DEBHILL LN

City State Zip Code  
GAINESVILLE VA 20155-4457

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EMPIRE CONSULTING GROUP PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.21476**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 33 SINGING OAKS DRIVE

City State Zip Code  
WESTON CT 06883

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AMERICAN INSTITUTE CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.21448**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Dr. PHILIP P. SMITH**

Mailing Address 1 COMPASS LANE

City State Zip Code  
FT. LAUDERDALE FL 33308

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.21477**

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 9 OF 37
	<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. AVY STEIN Esq.**

Mailing Address 57 MAPLE HILL RD.

City State Zip Code  
GLENCOE IL 60022

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

Name of Employer Occupation  
WILLIS STERN & PARTNERS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2013

**Transaction ID : SA11AI.21450**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**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).....

2500.00

11800.00

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

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

FOR LINE NUMBER: PAGE 10 OF 37  
(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)  
**AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH THIRD STREET

City State Zip Code  
MOORHEAD MN 56560

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SA11C.21462**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address P O BOX 938

City State Zip Code  
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : SA11C.21471**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BARNES & THORNBURG POLITICAL ACTION COMMITTEE**

Mailing Address 11 South Meridian Street  
Suite 900

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00395947

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : SA11C.21468**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

4000.00

**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 11 OF 37
	<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)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11C.21463**

Amount of Each Receipt this Period  
 2500.00  
 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11C.21464**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 Pennsylvania Ave NW Ste 560  
Suite 560

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : SA11C.21460**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

**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 37
	<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)  
**CTIA - THE WIRELESS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1400 16TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11C.21478**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEVRY INC POLITICAL ACTION COMMITTEE**

Mailing Address 3005 HIGHLAND PARKWAY

City DOWNERS GROVE State IL Zip Code 60515

FEC ID number of contributing federal political committee. **C** C00198606

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : SA11C.21454**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DRIVE POLITICAL FUND**

Mailing Address 25 LOUISIANA AVE.,

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000489

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11C.21480**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4500.00

**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 37
	<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)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : SA11C.21457**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** 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: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11C.21472**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FLORIDA SUGAR CANE LEAGUE PAC**

Mailing Address 115 SOUTH LOPEZ DRAWER 1208

City State Zip Code  
CLEWISTON FL 33440

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11C.21465**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**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: PAGE 14 OF 37  
(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)  
**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: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

Transaction ID : SA11C.21453

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 900 Seventh St, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2013

Transaction ID : SA11C.21482

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)**

Mailing Address 7525 RED RIVER ROAD

City State Zip Code  
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C C00164939**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

Transaction ID : SA11C.21459

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

4000.00

**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 15 OF 37
	<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 AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

A. 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: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013  
Transaction ID : SA11C.21461

Amount of Each Receipt this Period  
CONTRIBUTION 1000.00

B. 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: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2013  
Transaction ID : SA11C.21479

Amount of Each Receipt this Period  
CONTRIBUTION 2500.00

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

Mailing Address 6849 OLD DOMINION DRIVE SUITE 222  
City MCLEAN State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C** C00409623

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1107.80

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2013  
Transaction ID : SA11C.21484

Amount of Each Receipt this Period  
In-kind - AIR FARES-CONGRESSMAN LAWSONF/R 2/23 1107.80

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

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

4607.80

**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 37
	<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)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11C.21467**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WESTERN SUGAR COOPERATIVE PAC**

Mailing Address 7555 EAST HAMPDEN AVENUE SUITE 600

City DENVER State CO Zip Code 80231

FEC ID number of contributing federal political committee. **C** C00446674

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : SA11C.21455**

Amount of Each Receipt this Period  
 1000.00

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).....

1500.00

25107.80



**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 37			
	<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 01 / 07 / 2013
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 206.74 <b>Transaction ID : SB17.21341</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: 2014 <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 02 / 06 / 2013
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 228.03 <b>Transaction ID : SB17.21342</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: 2014 <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 03 / 14 / 2013
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 225.11 <b>Transaction ID : SB17.21343</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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	659.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37			
	<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)  
**A. BANK OF AMERICA BANK OF AMERICA**

Mailing Address 9000 SOUTHSIDE BLVD

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2013

Amount of Each Disbursement this Period: 90.60

Transaction ID : SB17.21335

Full Name (Last, First, Middle Initial)  
**B. BANK OF AMERICA BANK OF AMERICA**

Mailing Address 9000 SOUTHSIDE BLVD

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2013

Amount of Each Disbursement this Period: 90.60

Transaction ID : SB17.21336

Full Name (Last, First, Middle Initial)  
**C. BANK OF AMERICA BANK OF AMERICA**

Mailing Address 9000 SOUTHSIDE BLVD

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2013

Amount of Each Disbursement this Period: 90.60

Transaction ID : SB17.21337

**SUBTOTAL** of Disbursements This Page (optional) ..... 271.80

**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 19 OF 37			
	<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 02 / 13 / 2013		
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 93.28		
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.21353		
Purpose of Disbursement FLOWERS FOR CONST.		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. BASHFULL DAISY BASHFULL DAISY</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013		
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 131.44		
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.21354		
Purpose of Disbursement FLOWERS FOR CONST.		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>C. BASHFULL DAISY BASHFULL DAISY</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2013		
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 93.28		
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.21355		
Purpose of Disbursement FLOWERS FOR CONST.		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	318.00
<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 20 OF 37	
	<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 03 / 04 / 2013
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 199.28 <b>Transaction ID : SB17.21356</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: 2014 <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. JOHN BELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address 1112 NW 15TH CT		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.21445</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN WORKER	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>C. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2013
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.21338</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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1049.28
<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 21 OF 37	
	<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 02 / 01 / 2013
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.21339</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: 2014 <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 03 / 01 / 2013
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.21340</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: 2014 <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 01 / 10 / 2013
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 100.41 <b>Transaction ID : SB17.21347</b>
City DENVER State CO Zip Code 80217	Purpose of Disbursement CAMPAIGN INTERNET SERVICE	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.41
<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 22 OF 37	
	<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 02 / 08 / 2013
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 100.41 <b>Transaction ID : SB17.21348</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: 2014 <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 03 / 08 / 2013
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 100.41 <b>Transaction ID : SB17.21349</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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CORPORATE COACHES CORPORATE COACHES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address P.O. BOX 17825		Amount of Each Disbursement this Period 526.50 <b>Transaction ID : SB17.21439</b>
City PLANTATION	State FL	
Zip Code 33318	Purpose of Disbursement BUS TRANSPORT F/R 3/22-3/24	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	727.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 37	
	<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. F/R BY NET LLC FUNDRAISING BY NET LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 1101 PENNSYLVANIA AVE NW FL6		Amount of Each Disbursement this Period 54.01
City WASHINGTON State DC Zip Code 20004-2544	Purpose of Disbursement PROCESSING FEES	
Candidate Name	Category/Type	Transaction ID : SB17.21375
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>B. ALCEE L HASTINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address 2235 RAYBURN OFFICE BUILDING		Amount of Each Disbursement this Period 2499.00
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement REIMB.U.S.AIRWAYS CHAIRMAN PRE. STATUS.	
Candidate Name	Category/Type	Transaction ID : SB17.21359
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: 20	

Full Name (Last, First, Middle Initial) <b>C. ALCEE L HASTINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2013
Mailing Address 2235 RAYBURN OFFICE BUILDING		Amount of Each Disbursement this Period 3558.51
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement REIMB TRAVEL EXPENCES. F/R EVENT 3/22-324.	
Candidate Name	Category/Type	Transaction ID : SB17.21368
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: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6111.52
<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 24 OF 37			
	<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. HEADWEAR U.S.A. HEADWEAR U.S.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2013
Mailing Address 26 EAST 9TH STREET			Amount of Each Disbursement this Period 414.12 <b>Transaction ID : SB17.21442</b>
City FREDERICK	State MD	Zip Code 21701	
Purpose of Disbursement CAMPAIGN SUPPLIES FOR F/R 3/22-3/24		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. INFINITI INC. INFINITI FINANCIAL SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address P.O. BOX 650679			Amount of Each Disbursement this Period 523.26 <b>Transaction ID : SB17.21344</b>
City DALLAS	State TX	Zip Code 75265-0679	
Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>C. INFINITI INC. INFINITI FINANCIAL SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2013
Mailing Address P.O. BOX 650679			Amount of Each Disbursement this Period 523.26 <b>Transaction ID : SB17.21345</b>
City DALLAS	State TX	Zip Code 75265-0679	
Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1460.64
<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 25 OF 37	
	<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)  
**A. INFINITI INC. INFINITI FINANCIAL SERVICES**

Mailing Address P.O. BOX 650679

City DALLAS State TX Zip Code 75265-0679

Purpose of Disbursement  
CAMPAIGN CAR LEASE PAYMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 08 / 2013

Amount of Each Disbursement this Period  
523.26

Transaction ID : SB17.21346

Category/Type

Full Name (Last, First, Middle Initial)  
**B. ROGER DEAN STADIUM JUPITER STADIUM LTD**

Mailing Address 4751 MAIN STREET

City JUPITER State FL Zip Code 33458

Purpose of Disbursement  
CAMPAIGN BASEBALL F/R DEPOSIT 3/22-3/24

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 22 / 2013

Amount of Each Disbursement this Period  
1410.00

Transaction ID : SB17.21391

Category/Type

Full Name (Last, First, Middle Initial)  
**C. ROGER DEAN STADIUM JUPITER STADIUM LTD**

Mailing Address 4751 MAIN STREET

City JUPITER State FL Zip Code 33458

Purpose of Disbursement  
CAMPAIGN F/R 3/22-3/24.BALANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 13 / 2013

Amount of Each Disbursement this Period  
460.00

Transaction ID : SB17.21416

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 2393.26

**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 26 OF 37			
	<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 01 / 31 / 2013
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 350.86 <b>Transaction ID : SB17.21350</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: 2014 <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 02 / 28 / 2013
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 350.86 <b>Transaction ID : SB17.21351</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: 2014 <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 03 / 29 / 2013
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 350.86 <b>Transaction ID : SB17.21352</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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1052.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 37	
	<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 01 / 02 / 2013
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.21357</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: 2004 <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 01 / 31 / 2013
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.21399</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: 2014 <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 02 / 27 / 2013
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.21427</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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3900.00
<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 28 OF 37	
	<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 03 / 29 / 2013
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.21446</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: 2014 <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 03 / 15 / 2013
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 76.88 <b>Transaction ID : SB17.21440</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN LUNCH	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>C. PALM BEACH COUNTY PALM BEACH COUNTY DEC. CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address 6903 LAKE ISLAND DRIVE		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.21438</b>
City LAKE WORTH	State FL	
Zip Code 33467	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1826.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 37	
	<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. RITZ-CARILTON RITZ-CARLTON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013
Mailing Address 1 N. FT. LAUDERDALE BEACH BLVD		Amount of Each Disbursement this Period 8487.66 <b>Transaction ID : SB17.21366</b>
City FT. LAUDERDALE	State FL	
Zip Code 33304	Purpose of Disbursement F/R EVENT3/22-3/24	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>B. SIGNATURE GRAND SIGNATURE GRAND LTD.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 6900 STATE ROAD 84		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.21431</b>
City DAVIE	State FL	
Zip Code 33317	Purpose of Disbursement DEPOSIT -F/R 05/19/2013	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>C. SYNERGY PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 6849 OLD DOMINION DRIVE SUITE 222		Amount of Each Disbursement this Period 1107.80 <b>Transaction ID : SB17.21485</b>
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement In-kind - AIR FARES-CONGRESSMAN LAWSONF/R 2/23	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10245.46
<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 30 OF 37	
	<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. WOMEN IN RELIGION THE CHARMETTES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2013
Mailing Address 2832 SW 4 TH STREET BROWARD COUNTY		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.21386</b>
City FT. LAUDERDALE	State FL Zip Code 33312	
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TORRES COMMUNICATION TORRES COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address P.O. BOX 268321		Amount of Each Disbursement this Period 402.00 <b>Transaction ID : SB17.21390</b>
City WESTON	State FL Zip Code 33326	
Purpose of Disbursement SOFTWARE INSTALL & UPGRADE CAMPAIGN COMP	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>C. TOSCANA CATERING TOSCANA CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 601 2ND STREET, N.E.		Amount of Each Disbursement this Period 956.90 <b>Transaction ID : SB17.21360</b>
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement D.C. F/R EVENT 02/25	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1638.90
<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 31 OF 37	
	<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**

**A. U.S. POSTAL SERVICE U.S. POSTAL SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 1899 W. OAKLAND PARK BLVD.

City FT. LAUDERDALE State FL Zip Code 33310

Purpose of Disbursement STAMPS FOR CAMPAIGN F/R INVITES.

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2013

Amount of Each Disbursement this Period: 920.00

Transaction ID : SB17.21408

**B. UNION PRINTING UNION PRINTING**

Full Name (Last, First, Middle Initial)

Mailing Address 2321 PEMBROKE ROAD

City HOLLYWOOD State FL Zip Code 33020

Purpose of Disbursement CAMPAIGN LETTERHEADS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 14 / 2013

Amount of Each Disbursement this Period: 291.50

Transaction ID : SB17.21385

**C. UNION PRINTING UNION PRINTING**

Full Name (Last, First, Middle Initial)

Mailing Address 2321 PEMBROKE ROAD

City HOLLYWOOD State FL Zip Code 33020

Purpose of Disbursement PRINTING F/R CONTRIBUTION CARDS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2013

Amount of Each Disbursement this Period: 116.60

Transaction ID : SB17.21414

**SUBTOTAL** of Disbursements This Page (optional)..... 1328.10

**TOTAL** This Period (last page this line number only)..... 33784.03

**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 32 OF 37	
	<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. BETTYS RESTAURANT &amp; BETTYS RESTAURANT &amp; BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 601 NW 22 ROAD		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.21430</b>
City FT LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement DONATION- GREEK DAY EVENT	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>B. Ms ALLIE H. BIGGS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2013
Mailing Address 171 N. LAKE AVENUE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.21421</b>
City PAHOKEE	State FL	
Zip Code 33476	Purpose of Disbursement DONATION-COMMISSIONER	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>C. BBEO BROWARD BLACK ELECTED OFF.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2013
Mailing Address P.O. BOX 590277		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.21422</b>
City FT. LAUDERDALE	State FL	
Zip Code 33359	Purpose of Disbursement DONATION-BLACK HISTORY MONTH	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1800.00
<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 33 OF 37	
	<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. BROWARD DEM. PARTY BROWARD DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address 1888A N. UNIVERSIY DR.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.21403</b>
City PLANTATION State FL Zip Code 33324	Purpose of Disbursement DONATION-UNITY DINNER SPONSOR	
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>B. Mrs. YUETTE COLBOURNE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2013
Mailing Address 9661 MILL POND ROAD		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.21382</b>
City MIRAMAR State FL Zip Code 33325	Purpose of Disbursement CAMPAIGN DONATION-COMMISSIONER	
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>C. Mr. CHRIS VAN HOLLEN D.C.C.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address 430 S. CAPITAL STREET		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB21.21371</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TRANSFER EXCESS FUNDS	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17500.00
<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 34 OF 37	
	<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. DILLARD SCHOOL DILLARD ELEMENTARY SCHOOL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address 2330NW 12 CT.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.21424</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement DONATION	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>B. JEWISH LIFE CTR. HILLEL OF BROWARD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2013
Mailing Address 777 GLADES ROAD BLDG LY3A		Amount of Each Disbursement this Period 218.00 <b>Transaction ID : SB21.21428</b>
City BOCA RATON	State FL	
Zip Code 33431	Purpose of Disbursement DONATION	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>C. HORSFORD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2013
Mailing Address 6100 ELTON AVE SUITE 1000		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.21369</b>
City LAS VEGAS	State NV	
Zip Code 89107	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	968.00
<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 35 OF 37
	<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. Ms KIMBERLY JACKSON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2013
Mailing Address 2501-A BURNS ROAD		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.21400</b>
City PALM BEACH GARDENS	State FL Zip Code 33410	
Purpose of Disbursement CAMPAIGN DONATION-COMMISSIONER	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>B. Mr. THOMAS MASTERS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 2638 LAKE DRIVE APT 3		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.21433</b>
City RIVARIA BEACH	State FL Zip Code 33404	
Purpose of Disbursement CAMPAIGN DONATION-MAYOR	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>C. Mrs. PEGGY NOLAND</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 68 PRESCOTT DRIVE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.21435</b>
City DEERFIELD BEACH	State FL Zip Code 33442	
Purpose of Disbursement CAMPAIGN DONATION-MAYOR	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<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 36 OF 37	
	<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. HUMAN RIGHTS COUNCIL PALM BEACH COUNTY-HUMAN RIGHTS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address P.O. BOX 267		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.21417</b>
City WEST PALM BEACH	State FL	
Zip Code 33402	Purpose of Disbursement DONATION	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>B. Mr. STEVE PERMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 8863 NW 49 TH DRIVE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.21361</b>
City CORAL SPRINGS	State FL	
Zip Code 33067	Purpose of Disbursement CAMPAIGN DONATION -STATE HOUSE DIST 96	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>C. Mr. LEWIS POPE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2013
Mailing Address 1135 GARDEN DRIVE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.21419</b>
City PAHOKEE	State FL	
Zip Code 33476	Purpose of Disbursement CAMPAIGN DONATION-COMMISSIONER	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.00
<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 37 OF 37	
	<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. HISTORICAL GROUP INC ROCK RD. RESTORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address P.O. BOX 6687496		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.21402</b>
City POMPANO BEACH	State FL	
Zip Code 33066	Purpose of Disbursement DONATION-BLACK HISTORY MONTH	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>B. Mr. JAMES PAUL SASSER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2013
Mailing Address 160S. ELM AVE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.21404</b>
City PAHOKEE	State FL	
Zip Code 33476	Purpose of Disbursement CAMPAIGN DONATION- MAYOR	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>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).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	23168.00