

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

HASTINGS FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 100277

Check if different than previously reported. (ACC)

FT. LAUDERDALE

FL

33310

2. FEC IDENTIFICATION NUMBER ▼

C C00269837

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

23

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2015

through

M M / D D / Y Y Y Y  
06 / 30 / 2015

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

Type or Print Name of Treasurer Mr. TOMAS MCINTOSH

Signature of Treasurer Mr. TOMAS MCINTOSH

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y  
07 / 29 / 2015

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

Office  
Use  
Only

## FEC FORM 3

(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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

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

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="117939.79"/>	<input type="text" value="147689.79"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="117939.79"/>	<input type="text" value="147689.79"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="91214.26"/>	<input type="text" value="162826.08"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="1056.64"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="91214.26"/>	<input type="text" value="161769.44"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="164046.47"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="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: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	61575.00	84175.00
(ii) Unitemized.....	13150.00	14800.00
(iii) TOTAL of contributions from individuals ▶	74725.00	98975.00
(b) Political Party Committees.....	200.00	200.00
(c) Other Political Committees (such as PACs).....	43014.79	48514.79
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	117939.79	147689.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	1056.64
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	117939.79	148746.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91214.26	162826.08
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 .....	3900.00	13225.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	95114.26	176051.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	141220.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	117939.79
25. SUBTOTAL (add Line 23 and Line 24).....	259160.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95114.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164046.47

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

Form/Schedule: F3A  
Transaction ID :

ALCEE HASTINGS-4/21/15-TRAVEL/MEALS/HOTEL-KAPPA ALPHA MEETING.	TOTAL
\$1110.00.	ALCEE HASTINGS. 6/12/15- TRAVEL(DC/FT.LAU/DC)
MEALS/HOTEL-SEMINOLE HARD ROCK HOTEL F/R 5/20/2015. TOTAL \$ 1596.28	
LALE MORRISON- - 4/26/2015-TRAVEL ( DC/FT. LAUD./DC ) /MEALS/HOTEL/TAXI/-RITX-CARLTON HOTEL F/R	
EVENT 4/26/2015. TOTAL \$2043.45	LALE
MORRISON-TRAVEL ( DC/ FT. LAUD./DC ) HOTEL/MEALS/TAXI. MARRIOTT HOTEL F/R ANNUAL BREAKFAST	
EVENT 6/25/2015. TOTAL \$ 2680.39	
LALE MORRISON- AIR TRAVEL FOR GEORGE K. BUTTERFIELD ( GA./ FT. LAUD/ GA ) LALE MORRISON ( DC/	
FT. LAUD. / DC) HOTEL/ MEALS/ FOR WESTIN HOTEL F/R 6/28/2015. TOTAL \$ 2631.97.	

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 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 353 HAMMOCK TRAIL

City WEST PALM BEACH State FL Zip Code 33413

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.24170**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 73 LEBANON HILLS DRIVE

City PITTSBURGH State PA Zip Code 15228

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

Name of Employer TRIANGLE TECH GROUP Occupation CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.24328**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. SUDHA AGRAWAL**

Mailing Address 1625 EAGLE BND

City WESTON State FL Zip Code 33327-1615

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

Name of Employer SELF Occupation CEO HEALTH COMPANY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24261**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1700.00

**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 64
	<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. JON ALEXANDER**

Mailing Address 1025 CONNECTICUT AVE. N.W.  
SUITE 1000

City WASHINGTON State DC Zip Code 20036

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

Name of Employer: MONUMENT STRATEGIES,LLC Occupation: PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : SA11AI.24319**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DILIP S BAROT**

Mailing Address 4243 NORTHLAKE BLVD  
SUITE D

City PALM BEACH GARDENS State FL Zip Code 33410

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

Name of Employer: SELF Occupation: REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.24329**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. MICHAEL BELL**

Mailing Address 14052 NW 82 ND AVE.

City MIAMI LAKES State FL Zip Code 33016

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

Name of Employer: EDUCATIONAL DEVELOP ASSOC. Occupation: CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24249**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

3950.00

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

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

FOR LINE NUMBER: PAGE 8 OF 64  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. ARTHUR E BENJAMIN**

Mailing Address 6711 ROYAL ORCHID CIRCLE

City State Zip Code  
DELRAY BEACH FL 33446

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

Name of Employer Occupation  
ATI ENTERPRISES VICE CHAIRMAN/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.24330**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS MITCHELL W. BERGER**

Mailing Address 350 EAST LAS OLAS BOULEVARD  
SUITE 1000

City State Zip Code  
FT. LAUDERDALE FL 33310

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

Name of Employer Occupation  
BERGER SINGERMAN ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.24333**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms DAISY BLACK**

Mailing Address 144 NE 88 TH STREET

City State Zip Code  
EL PORTAL FL 33138-3046

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

Name of Employer Occupation  
RETIRED MAYOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24238**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

950.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<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)  
**KATHERINE ALICE BODEN HOLLAND**

Mailing Address 1018 17 TH STREET. S

City ARLINGTON, State VA Zip Code 22202-1604

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

Name of Employer SELF EMPLOYED Occupation BUSINESS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11Al.24115**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. PAUL A. BRATHWAITE**

Mailing Address 13102 JORDAN ENDEAVOR DR.

City BOWIE State MD Zip Code 20720

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

Name of Employer PODESTA GROUP Occupation DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11Al.24322**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms MODEEN BROWN**

Mailing Address 1000 SW 21ST AVE

City BOCA RATON State FL Zip Code 33486

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

Name of Employer SELF EMPLOYED Occupation IT ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : SA11Al.24150**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 64  
(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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24123**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms JEANIE C CARR**

Mailing Address 1809 VARNUM STREET, NW

City State Zip Code  
WASHINGTON DC 20011

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

Name of Employer Occupation  
SELF EMPLOYED ACCOUNTANT/ BUSINESS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : SA11AI.24148**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. YUETTE COLBOURNE**

Mailing Address 9661 MILL POND ROAD

City State Zip Code  
MIRAMAR FL 33325

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

Name of Employer Occupation  
CITY OF MIRAMAR COMMISSIONER- SEAT 2

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24268**

Amount of Each Receipt this Period  
 250.00  
 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 11 OF 64  
(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)  
**Mr. JAMES COLE Esq.**

Mailing Address 10 NUIMI DRIVE

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 26 2015

**Transaction ID : SA11AI.24278**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. SHERYL A. DICKEY**

Mailing Address 3299-5 NW 44 TH STREET

City State Zip Code  
FT. LAUDERDALE FL 33309

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

Name of Employer Occupation  
DICKEY CONSULTING SERVICES PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 30 2015

**Transaction ID : SA11AI.24254**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. STEVEN W. EFFMAN**

Mailing Address 13150 NW 11 TH STREET

City State Zip Code  
SUNRISE FL 33323

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

Name of Employer Occupation  
SELF EMPLOYED BUSINESS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 30 2015

**Transaction ID : SA11AI.24253**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1250.00

**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 64
	<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)  
**Mrs. ANDREA D. GRAY**

Mailing Address 2084 HUNTERS CREST WAY

City State Zip Code  
VIENNA VA 22181

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

Name of Employer Occupation  
RETIRED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2015

**Transaction ID : SA11AI.24154**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

Mailing Address 7430 N.W. 41 STREET CT.

City State Zip Code  
LAUDERHILL FL 33319

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.24178**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. SUSHIL GUPTA**

Mailing Address 16949 SW 16 TH STREET

City State Zip Code  
PEMBROKE PINES FL 33027

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

Name of Employer Occupation  
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11AI.24247**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

2550.00

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

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

FOR LINE NUMBER: PAGE 13 OF 64  
(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)  
**Mrs. BERTA HENRY**

Mailing Address 5140 SW 21 ST CT

City PLANTATION State FL Zip Code 33317

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

Name of Employer RETIRED Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24251**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. HENRY G. HERZING**

Mailing Address 64 CAYMAN PL.

City PALM BCH GDNS State FL Zip Code 33418

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

Name of Employer HERZING UNIVERSITY Occupation CHANCELLOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11AI.24089**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 2400 EMERSON CIRCLE.

City HOLLYWOOD State FL Zip Code 33021

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24252**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 64
	<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 YVONNE G. JOHNSON Esq.**

Mailing Address 10910 N.W. 18 STREET

City PLANTATION State FL Zip Code 33322

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.24099**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. MICHAEL KAHANE**

Mailing Address 2309 DESOTA DRIVE

City FT. LAUDERDALE State FL Zip Code 33301

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24128**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 5997 N.W. 63 RD WAY

City PARKLAND State FL Zip Code 33067

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

Name of Employer KEISER COLLAGE Occupation BUSINESSMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24125**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
	<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. 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015

**Transaction ID : SA11AI.24126**

Amount of Each Receipt this Period  
2300.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. STEVEN KLEIN**

Mailing Address 7127 VIA MARBELLA

City State Zip Code  
BOCA RATON FL 33433

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

Name of Employer Occupation  
SELF EMPLOYED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2015

**Transaction ID : SA11AI.24324**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 320 N GORDON ROAD

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015

**Transaction ID : SA11AI.24127**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

3550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<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. LARRY LEE Jr.**

Mailing Address 7936 SADDLEBROOK DRIVE

City State Zip Code  
PORT SAINT LUCIE FL 34986-3113

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

Name of Employer Occupation  
SELF BUSINESSMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2015

**Transaction ID : SA11AI.24132**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOSEPH LILLY**

Mailing Address 10144EVILLE CT

City State Zip Code  
LAS VEGAS NV 89183

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

Name of Employer Occupation  
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2015

**Transaction ID : SA11AI.24158**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms FRASER MACKECHNIE**

Mailing Address 2505 N DUNDEE STREET

City State Zip Code  
TAMPA FL 33626

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

Name of Employer Occupation  
AMSCOT FINANCIAL EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2015

**Transaction ID : SA11AI.24163**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

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

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

3700.00



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

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

FOR LINE NUMBER: PAGE 17 OF 64  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms FRASER MACKECHNIE**

Mailing Address 2505 N DUNDEE STREET

City State Zip Code  
TAMPA FL 33626

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

Name of Employer Occupation  
AMSCOT FINANCIAL EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : SA11AI.24305**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 600 N. WESTSHORE BLVD.  
SUITE 1200

City State Zip Code  
TAMPA FL 33609

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

Name of Employer Occupation  
AMSCOT FINANCIAL EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24140**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. JEAN MACKECHNIE**

Mailing Address 600 N, WESTSHORE BLVD  
SUITE 1200

City State Zip Code  
TAMPA FL 33609

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

Name of Employer Occupation  
AMSCOT FINANCIAL EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24139**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<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. MIKE E. MCKAY**

Mailing Address 6500 DEBHILL LN

City State Zip Code  
GAINESVILLE VA 20155-4457

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

Name of Employer Occupation  
EMPIRE CONSULTING GROUP PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.24101**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ROSE L. MERRITT**

Mailing Address 2781 NW 26 AVENUE

City State Zip Code  
FT. LAUDERDALE FL 33311

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

Name of Employer Occupation  
RETIRED EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.24283**

Amount of Each Receipt this Period  
 375.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. KHALID MIRZA**

Mailing Address 13100 MUSTANG TRL

City State Zip Code  
SOUTHWEST RANCHES FL 33330

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

Name of Employer Occupation  
MIRZA GROUP INC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24263**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<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. LLOYD N. MOORE**

Mailing Address 3060 BLAINE STREET

City State Zip Code  
COCONUT GROVE FL 33133

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24259**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. KARAN MUNUSWAMY**

Mailing Address 110 BAY COLONY DR.

City State Zip Code  
FT. LAUDERDALE FL 33308

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24257**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. LESLIE B. MURPHY**

Mailing Address 4612 FISHER ISLAND DR.

City State Zip Code  
MIAMI BEACH FL 33109

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015

**Transaction ID : SA11AI.24145**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

3700.00

**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 20 OF 64
	<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. LESLIE B. MURPHY**

Mailing Address 4612 FISHER ISLAND DR.

City State Zip Code  
MIAMI BEACH FL 33109

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : SA11AI.24147**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. THOMAS P. MURPHY Jr.**

Mailing Address 5959 BLUE LAGOON DRIVE SUITE 200

City State Zip Code  
MIAMI FL 33126

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

Name of Employer Occupation  
COASTAL CONSTRUCTION GROUP CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : SA11AI.24109**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. THOMAS P. MURPHY Jr.**

Mailing Address 5959 BLUE LAGOON DRIVE SUITE 200

City State Zip Code  
MIAMI FL 33126

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

Name of Employer Occupation  
COASTAL CONSTRUCTION GROUP CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : SA11AI.24110**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 21 OF 64  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. ROBERT E. O'NEAL**

Mailing Address 12312 NW 10 TH DRIVE

City State Zip Code  
CORAL SPRINGS FL 33071

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

Name of Employer Occupation  
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24262**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms YASMIN POTTINGER**

Mailing Address 2080 OCEAN DR.  
UNIT 212

City State Zip Code  
HALLANDALE BEACH FL 33009

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24244**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN RADER**

Mailing Address 10750 AVENIDA DEL RIO

City State Zip Code  
DELRAY BEACH FL 33446

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

Name of Employer Occupation  
CKP INSURANCE LLC INSURANCE UNDERWRITER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24339**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<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)  
**Ms TONI RANDOLPH**

Mailing Address **1425 BRICKELL AVE**  
**APT 45A**

City **MIAMI** State **FL** Zip Code **33131**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : SA11AI.24152**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOEL REINSTEIN Esq.**

Mailing Address **800 AURELIA STREET**

City **BOCA RATON** State **FL** Zip Code **33486**

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

Name of Employer **JOEL REINSTEIN, P.A.** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 16 / 2015**

**Transaction ID : SA11AI.24326**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. LOUIS REINSTEIN**

Mailing Address **220 N.W. 101ST AVENUE**

City **PLANTATION** State **FL** Zip Code **33324**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2015**

**Transaction ID : SA11AI.24323**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**2250.00**

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

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

FOR LINE NUMBER: PAGE 23 OF 64  
(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)  
**Mrs. KRISTIAN E. RIEFKOHL BRAVO**

Mailing Address P.O. BOX 360430

City State Zip Code  
SAN JUAN PR 00936-0430

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

Name of Employer Occupation  
SELF EMPLOYED BUSINESS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24141**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Ms GEORGIA ROBINSON Esq.**

Mailing Address 3500 N. STATE ROAD 7  
STE 437

City State Zip Code  
LAUDERDALE LAKES FL 33319-5627

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

Name of Employer Occupation  
THE ROBINSON LAW FIRM,P.A. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.24280**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JUDGE EDWARD RODGERS**

Mailing Address 1170 BIMINI LN

City State Zip Code  
RIVIERA BEACH FL 33404

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

Name of Employer Occupation  
RETIRED CURCUT COURT JUDGE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24133**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<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. TONY SANCHEZ**

Mailing Address 6300 STIRLING ROAD

City State Zip Code  
HOLLYWOOD FL 33024

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

Name of Employer Occupation  
S.T.O.F., INC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**Transaction ID : SA11AI.24181**

Amount of Each Receipt this Period  
2700.00

In-kind - F/R EVENT SEMINOLE HOTEL-APRIL 25,2015

**B.** Full Name (Last, First, Middle Initial)  
**Ms MARVIA B. SIMMONS**

Mailing Address 2941 NW 24 TH STREET

City State Zip Code  
FT. LAUDERDALE FL 33311

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

Name of Employer Occupation  
SELF EMPLOYED SMALL BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : SA11AI.24308**

Amount of Each Receipt this Period  
250.00

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. **C**

Name of Employer Occupation  
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11AI.24134**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

3950.00



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

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

FOR LINE NUMBER: PAGE 25 OF 64  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. RONALD SOLOMON**

Mailing Address 1711 SW 30TH PLACE

City State Zip Code  
FT. LAUDERDALE FL 33315

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

Name of Employer Occupation  
THE SOLOMON FIRM LAWYER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.24173**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 5007 NW 51ST COURT

City State Zip Code  
TAMARAC FL 33319

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

Name of Employer Occupation  
RETIRED EDUCATION ADMINISTRATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11AI.24088**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms JUDITH STERN**

Mailing Address 808 E LAS OLAS BLVD.  
SUITE 103

City State Zip Code  
FT. LAUDERDALE FL 33301

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

Name of Employer Occupation  
SELF EMPLOYED GOVT. AFFAIRS

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.24255**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<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. AARON C WEEKS .**

Mailing Address **P.O. BOX 1591**

City **FT LAUDERDALE** State **FL** Zip Code **33302**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11AI.24264**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. CLARENCE D. WILLIAMS III**

Mailing Address **2522 TIMBER RUN N**

City **RIVIERA BEACH** State **FL** Zip Code **33407-1506**

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

Name of Employer **RIVIERA BEACH,FL.** Occupation **CHIEF OF POLICE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.24165**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**Ms ETHEL ISAACS WILLIAMS**

Mailing Address **846 SANCTUARY COVE DRIVE**

City **NORTH PALM BEACH** State **FL** Zip Code **33410**

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

Name of Employer **SELF** Occupation **BUSINESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11AI.24246**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<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 JANET M. WINGHART**

Mailing Address 6107 NW 20 TH CT

City MARGATE State FL Zip Code 33063

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

Name of Employer BROWARD COUNTY SCHOOL SYSTEM Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.24175**

Amount of Each Receipt this Period  
 300.00  
 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).....

300.00

61575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**P.D.C. PLANTATION DEMOCRATIC CLUB**

Mailing Address P.O. BOX 2331

City PLANTATION State FL Zip Code 33311

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

Name of Employer DEMOCRATIC CLUB Occupation PDC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11B.24082**

Amount of Each Receipt this Period  
 200.00  
 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).....

200.00

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<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)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.70

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11C.24275**

Amount of Each Receipt this Period  
9.70  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 Massachusetts Ave. NW  
8th Floor

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11C.24274**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 1101 17 Street N.W. Suite 600

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11C.24094**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

3509.70

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

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

FOR LINE NUMBER: PAGE 30 OF 64  
(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 CHIROPRACTIC ASSOCIATION PAC**

Mailing Address 1701 CLARENDON BLVD

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11C.24266**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1101 CONNECTICUT AVENUE, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11C.24106**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

Mailing Address 175 E. Houston Street  
Room 7-A-50

City State Zip Code  
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : SA11C.24097**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 64  
(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)  
**BRIDGEPOINT EDUCATION INC. PAC**

Mailing Address 13500 EVENING CREEK DR. NORTH  
SUITE 600

City State Zip Code  
SAN DIEGO CA 92128

FEC ID number of contributing federal political committee. **C** C00478404

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

**Transaction ID : SA11C.24157**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 7001 POST ROAD

City State Zip Code  
DUBLIN OH 43016

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11C.24122**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11C.24102**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64
	<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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11C.24104**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION**

Mailing Address 8400 WESTPARK DRIVE

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11C.24124**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11C.24276**

Amount of Each Receipt this Period  
 5.09  
 CONTRIBUTION

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

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

3505.09



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

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

FOR LINE NUMBER: PAGE 33 OF 64  
(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)  
**DRIVE POLITICAL FUND**

Mailing Address 25 LOUISIANA AVE.,

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11C.24108**

Amount of Each Receipt this Period  
 2500.00  
 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : SA11C.24095**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FINANCIAL SERVICE CENTERS OF AMERICA INC.**

Mailing Address Court Plaza No. 25 Main St  
PO Box 647

City State Zip Code  
Hackensack NJ 07602

FEC ID number of contributing federal political committee. **C** C00232843

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11C.24107**

Amount of Each Receipt this Period  
 1250.00  
 CONTRIBUTION

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

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

4750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64
	<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)  
FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)

Mailing Address 2855 LE JEUNE ROAD 4TH FLOOR

City	State	Zip Code
CORAL GABLES	FL	33134

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

Transaction ID : SA11C.24138

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

Transaction ID : SA11C.24118

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1325 Massachusetts Ave. NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

Transaction ID : SA11C.24137

Amount of Each Receipt this Period  
 2000.00  
 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 35 OF 64
	<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 State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : SA11C.24267

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1771 N Street NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11C.24096

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1050 17TH STREET, NW  
SUITE 590

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00541375

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015

Transaction ID : SA11C.24143

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 7000.00  
**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 36 OF 64
	<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)  
**PENINSULA DEMOCRATIC COALITION**

Mailing Address 1360 EMERSON STREET

City PALO ALTO State CA Zip Code 94301

FEC ID number of contributing federal political committee. **C** C00427203

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2015

**Transaction ID : SA11C.24180**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Mailing Address 1 SOUTH WACKER DRIVE  
36TH FLOOR

City CHICAGO State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00450189

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11C.24120**

Amount of Each Receipt this Period  
 1250.00

CONTRIBUTION

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

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11C.24135**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 37 OF 64  
(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)  
**SYNERGY PAC**

Mailing Address 6849 OLD DOMINION DRIVE SUITE 222

City State Zip Code  
MCLEAN VA 22101

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : SA11C.24103**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 111 PONCE DE LEON AVENUE

City State Zip Code  
CLEWISTON FL 33440

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11C.24265**

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).....

3500.00

43014.79

**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 38 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ALLSTATE AUTO INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 790 E. BROWARD BLVD.		Amount of Each Disbursement this Period 1164.93 <b>Transaction ID : SB17.24440</b>
City FT. LAUDERDALE	State FL	
Zip Code 33301	Purpose of Disbursement CAMPAIGN CAR INSURANCE PAYMENT.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. APHA KAPPA ALPHA A PLUS FOUNDATION INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address P.O. BOX 770295		Amount of Each Disbursement this Period 390.00 <b>Transaction ID : SB17.24428</b>
City CORAL SPRINGS	State FL	
Zip Code 33077	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. A.T.&amp; T. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 156.10 <b>Transaction ID : SB17.24356</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1711.03
<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 39 OF 64			
	<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 05 / 01 / 2015
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 5,000.00 159.53
City CHARLOTTE	State NC Zip Code 28272	
Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Candidate Name	Transaction ID : SB17.24357
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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 06 / 04 / 2015
Mailing Address P.O. BOX 70529		Amount of Each Disbursement this Period 5,000.00 162.43
City CHARLOTTE	State NC Zip Code 28272	
Purpose of Disbursement CAMPAIGN TELEPHONE SERVICE	Candidate Name	Transaction ID : SB17.24358
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BASHFULL DAISY BASHFULL DAISY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 618 NE 3 AVENUE		Amount of Each Disbursement this Period 5,000.00 184.44
City FT. LAUDERDALE	State FL Zip Code 33304	
Purpose of Disbursement FLOWERS FOR CONST	Candidate Name	Transaction ID : SB17.24365
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	506.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64			
	<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 05 / 05 / 2015		
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 184.44		
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.24366		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. BASHFULL DAISY BASHFULL DAISY</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015		
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 93.28		
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.24367		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. BASHFULL DAISY BASHFULL DAISY</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015		
Mailing Address 618 NE 3 AVENUE			Amount of Each Disbursement this Period 66.78		
City FT. LAUDERDALE	State FL	Zip Code 33304	Transaction ID : SB17.24368		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	344.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64			
	<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. MALCOM BLACK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2015	
Mailing Address P.O. BOX 663			Amount of Each Disbursement this Period 300.00	
City FT. LAUDERDALE	State FL	Zip Code 33311	Transaction ID : SB17.24455	
Purpose of Disbursement MUSIC FOR F/R 6/28		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ms KERSANDRA BROOKS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015	
Mailing Address 2348 NW 15TH COURT			Amount of Each Disbursement this Period 200.00	
City FT. LAUDERDALE	State FL	Zip Code 33311	Transaction ID : SB17.24450	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015	
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104			Amount of Each Disbursement this Period 350.00	
City OAKLAND PARK	State FL	Zip Code 33311	Transaction ID : SB17.24350	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	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 42 OF 64	
	<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 05 / 29 / 2015
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.24351</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CANNON-DIAMOND LLC CANNON-DIAMOND,LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 2701 W. OAKLAND PARK BLVD MAILBOX#104		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.24352</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMCAST COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 123.68 <b>Transaction ID : SB17.24353</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	823.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 64			
	<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 05 / 08 / 2015
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 123.68 <b>Transaction ID : SB17.24354</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. COMCAST COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address P.O. BOX 173885		Amount of Each Disbursement this Period 123.68 <b>Transaction ID : SB17.24355</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. CHRIS VAN HOLLEN D.C.C.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 430 S. CAPITAL STREET		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.24373</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN DUES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5247.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64			
	<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. Mr. CHRIS VAN HOLLEN D.C.C.C.**

Mailing Address 430 S. CAPITAL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CAMPAIGN DUES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 01 / 2015

Amount of Each Disbursement this Period  
5000.00

Transaction ID : SB17.24375

Category/Type

Full Name (Last, First, Middle Initial)  
**B. ALCEE L HASTINGS**

Mailing Address 2235 RAYBURN OFFICE BUILDING

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement  
REIMB.KAPPA ALPHA PROVINCIAL MEETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: FL District: 20

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 22 / 2015

Amount of Each Disbursement this Period  
1110.00

Transaction ID : SB17.24463

Category/Type

Full Name (Last, First, Middle Initial)  
**C. ALCEE L HASTINGS**

Mailing Address 2235 RAYBURN OFFICE BUILDING

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement  
REIMB. AIR TRAVEL EXPENCES F/R 4/29

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: FL District: 20

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 12 / 2015

Amount of Each Disbursement this Period  
1596.28

Transaction ID : SB17.24382

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 7706.28

**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 45 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. BOB HUGHES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1320 NW 21ST STREET		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.24459</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement PHOTOGRAPHY F/R EVENT WESTIN 4/28.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. ROBERT HUGLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address P.O. BOX 7522		Amount of Each Disbursement this Period 475.00 <b>Transaction ID : SB17.24412</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement CAMPAIGN F/R WORKER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. ROBERT HUGLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015
Mailing Address P.O. BOX 7522		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : SB17.24423</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. ROBERT HUGLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address P.O. BOX 7522		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.24426</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. ROBERT HUGLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address P.O. BOX 7522		Amount of Each Disbursement this Period 363.32 <b>Transaction ID : SB17.24436</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. ROBERT HUGLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2015
Mailing Address P.O. BOX 7522		Amount of Each Disbursement this Period 386.33 <b>Transaction ID : SB17.24441</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement REINB. FOR HOUSING FORUM MAY 30,2015	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64			
	<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. ROBERT HUGLES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address P.O. BOX 7522		Amount of Each Disbursement this Period 256.00 <b>Transaction ID : SB17.24445</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. IMPACT POLITICS IMPACT POLITICS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address 16740 WATERS EDGE DRIVE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.24405</b>
City WESTON	State FL	
Zip Code 33326	Purpose of Disbursement RETAINER/ FACEBOOK ADV.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. IMPACT POLITICS IMPACT POLITICS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 16740 WATERS EDGE DRIVE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.24431</b>
City WESTON	State FL	
Zip Code 33326	Purpose of Disbursement RETAINER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3756.00
<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 48 OF 64	
	<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. IMPACT POLITICS IMPACT POLITICS**

Full Name (Last, First, Middle Initial)  
Mailing Address 16740 WATERS EDGE DRIVE

City WESTON State FL Zip Code 33326

Purpose of Disbursement  
CAMPAIGN CONSULTANT-RETAINER

Candidate Name

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

State: District:

Date of Disbursement: 06 / 29 / 2015

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.24389

**B. INFINITI INC. INFINITI FINANCIAL SERVICES**

Full Name (Last, First, Middle Initial)  
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: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 24 / 2015

Amount of Each Disbursement this Period: 592.23

Transaction ID : SB17.24344

**C. INFINITI INC. INFINITI FINANCIAL SERVICES**

Full Name (Last, First, Middle Initial)  
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: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2015

Amount of Each Disbursement this Period: 592.23

Transaction ID : SB17.24345

**SUBTOTAL** of Disbursements This Page (optional) ..... 4184.46

**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 49 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. INFINITI INC. INFINITI FINANCIAL SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address P.O. BOX 650679			Amount of Each Disbursement this Period 592.23 <b>Transaction ID : SB17.24346</b>
City DALLAS	State TX	Zip Code 75265-0679	
Purpose of Disbursement CAMPAIGN CAR LEASE PAYMENT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. KAPPA FOUNDATION KAPPA FOUNDATION</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address P.O. BOX 21			Amount of Each Disbursement this Period 1410.00 <b>Transaction ID : SB17.24460</b>
City FT. LAUDERDALE	State FL	Zip Code 33301	
Purpose of Disbursement FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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 04 / 30 / 2015
Mailing Address 1500 N. STATE RD SEVEN			Amount of Each Disbursement this Period 408.10 <b>Transaction ID : SB17.24347</b>
City LAUDERHILL	State FL	Zip Code 33313	
Purpose of Disbursement CAMPAIGN MATERIAL STORAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2410.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 64			
	<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 05 / 29 / 2015
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 408.10 <b>Transaction ID : SB17.24348</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAUDERHILL PUBLIC LAUDERHILL PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1500 N. STATE RD SEVEN		Amount of Each Disbursement this Period 408.10 <b>Transaction ID : SB17.24349</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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. TOMAS MCINTOSH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address P.O. BOX 100277		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.24397</b>
City FT. LAUDERDALE State FL Zip Code 33310	Purpose of Disbursement CAMPAIGN DATA ENTRY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2166.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 64			
	<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 05 / 08 / 2015	
Mailing Address P.O. BOX 100277			Amount of Each Disbursement this Period 1350.00	
City FT. LAUDERDALE	State FL	Zip Code 33310	Transaction ID : SB17.24416	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. TOMAS MCINTOSH</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015	
Mailing Address P.O. BOX 100277			Amount of Each Disbursement this Period 1350.00	
City FT. LAUDERDALE	State FL	Zip Code 33310	Transaction ID : SB17.24444	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mrs. LALE MORRISON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 166.45	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.24371	
Purpose of Disbursement CAMPAIGN CELL PHONE SERVICE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2866.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 64	
	<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. Mrs. LALE MORRISON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 2043.45	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.24372	
Purpose of Disbursement REIMB. TRAVEL EXPENSES F/R 4/26				
Candidate Name			Category/ Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Mrs. LALE MORRISON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 166.17	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.24380	
Purpose of Disbursement CAMPAIGN CELL PHONE SERVICE				
Candidate Name			Category/ Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Mrs. LALE MORRISON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015	
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 2631.97	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB17.24381	
Purpose of Disbursement REIMB.EXPENSESTRAVEL/HOTEL FOR F/R 4/29				
Candidate Name			Category/ Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4841.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 64			
	<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. Mrs. LALE MORRISON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 166.17 <b>Transaction ID : SB17.24387</b>
City WASHINGTON	State DC	Zip Code 20036	
Purpose of Disbursement CAMPAIGN CELL PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mrs. LALE MORRISON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1526 17 TH STREET, NW			Amount of Each Disbursement this Period 2680.39 <b>Transaction ID : SB17.24388</b>
City WASHINGTON	State DC	Zip Code 20036	
Purpose of Disbursement REIMB. F/R TRAVEL EXPENSES 6/24.		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015
Mailing Address 30 IVY STREET. SE			Amount of Each Disbursement this Period 159.88 <b>Transaction ID : SB17.24422</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement DUES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3006.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 64	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL DEMOCRATIC NATIONAL DEMOCRATIC CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 30 IVY STREET. SE		Amount of Each Disbursement this Period 314.88 <b>Transaction ID : SB17.24443</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CAMPAIGN LUNCH MEETINGS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MERCHANT ACCOUNT NGP VAN CREDIT CARD ACCT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 225.86 <b>Transaction ID : SB17.24360</b>
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement PROCESSING FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MERCHANT ACCOUNT NGP VAN CREDIT CARD ACCT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 92.92 <b>Transaction ID : SB17.24361</b>
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement PROCESSING FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	633.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64		
	<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. MERCHANT ACCOUNT NGP VAN CREDIT CARD ACCT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015
Mailing Address 9000 SOUTHSIDE BLVD		Amount of Each Disbursement this Period 29.86
City JACKSONVILLE	State FL Zip Code 32256	
Purpose of Disbursement PROCESSING FEES	Category/Type	<b>Transaction ID : SB17.24362</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 4801 N. STATE ROAD SEVEN		Amount of Each Disbursement this Period 119.07
City FT. LAUDERDALE	State FL Zip Code 33311	
Purpose of Disbursement CAMPAIGN OFFICE SUPPLIES	Category/Type	<b>Transaction ID : SB17.24429</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 4801 N. STATE ROAD SEVEN		Amount of Each Disbursement this Period 103.89
City FT. LAUDERDALE	State FL Zip Code 33311	
Purpose of Disbursement OFFICE SUPPLIES FOR FUNDRASER	Category/Type	<b>Transaction ID : SB17.24439</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	252.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 64			
	<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. ACADEMY OF ARTS ORDER OF EXCELLENCE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 2330 NW 12 TH CT		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.24402</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement IMPACT GIRLS/3RD ANNUAL SPRING GALA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACADEMY OF ARTS ORDER OF EXCELLENCE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 2330 NW 12 TH CT		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.24404</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement 3RD ANNUAL SPRING GALA/IMPACT GIRLS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. SAMUEL PHILLIPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2015
Mailing Address 400 CORPORATE DRIVE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.24456</b>
City FT. LAUDERDALE	State FL	
Zip Code 33334	Purpose of Disbursement CHIEF WAITER WESTIN F/R 4/28.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 64			
	<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. P.D.C. PLANTATION DEMOCRATIC CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address P.O. BOX 2331			Amount of Each Disbursement this Period 235.00 <b>Transaction ID : SB17.24418</b>
City PLANTATION	State FL	Zip Code 33311	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RITZ-CARILTON RITZ-CARLTON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2015
Mailing Address 1 N. FT. LAUDERDALE BEACH BLVD			Amount of Each Disbursement this Period 6476.27 <b>Transaction ID : SB17.24370</b>
City FT. LAUDERDALE	State FL	Zip Code 33304	
Purpose of Disbursement CAMPAIGN F/R EVENT 4/25/15.		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mr. TONY SANCHEZ</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 6300 STIRLING ROAD			Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB17.24182</b>
City HOLLYWOOD	State FL	Zip Code 33024	
Purpose of Disbursement In-kind - F/R EVENT SEMINOLE HOTEL-APRIL 25,2015		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9411.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 64			
	<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. SEMINOLE HARD ROCK SEMINOLE HARD ROCK HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 1 SEMINOLE WAY		Amount of Each Disbursement this Period 8150.39 <b>Transaction ID : SB17.24434</b>
City HOLLYWOOD	State FL	
Purpose of Disbursement F/R EVENT 4/25/2015.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SISTRUNK FESTIVAL SISTRUNK HISTORICAL FESTIVAL</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address ANDREW AVE		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.24451</b>
City FT. LAUDERDALE	State FL	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SETF SOUTHEASTERN TOYOTA FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address P.O.BOX 70831		Amount of Each Disbursement this Period 459.87 <b>Transaction ID : SB17.24452</b>
City CHARLOTTE	State NC	
Purpose of Disbursement CAMPAIGN CAR RENTAL PAYMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9310.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 64			
	<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. TORRES COMMUNICATION TORRES COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2015
Mailing Address P.O. BOX 268321			Amount of Each Disbursement this Period 137.95 <b>Transaction ID : SB17.24430</b>
City WESTON	State FL	Zip Code 33326	
Purpose of Disbursement SHIPPING FRAMS FOR ART COMP.		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTAL SERVICE U.S. POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 1899 W. OAKLAND PARK BLVD.			Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.24363</b>
City FT. LAUDERDALE	State FL	Zip Code 33310	
Purpose of Disbursement STAMPS FOR INVITES MAIL OUT		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTAL SERVICE U.S. POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 1899 W. OAKLAND PARK BLVD.			Amount of Each Disbursement this Period 980.00 <b>Transaction ID : SB17.24438</b>
City FT. LAUDERDALE	State FL	Zip Code 33310	
Purpose of Disbursement STAMPS FOR F/R INVITE MAIL OUT.		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1817.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. UNION PRINTING UNION PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>2321 PEMBROKE ROAD</b>			Amount of Each Disbursement this Period <b>1683.00</b> Transaction ID : <b>SB17.24396</b>
City <b>HOLLYWOOD</b>	State <b>FL</b>	Zip Code <b>33020</b>	
Purpose of Disbursement <b>CAMPAIGN F/R MATERIAL PRINTING.</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. UNION PRINTING UNION PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2015</b>
Mailing Address <b>2321 PEMBROKE ROAD</b>			Amount of Each Disbursement this Period <b>295.21</b> Transaction ID : <b>SB17.24427</b>
City <b>HOLLYWOOD</b>	State <b>FL</b>	Zip Code <b>33020</b>	
Purpose of Disbursement <b>PRINTING LETTERHEAD &amp; ENVELOPES</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. UNION PRINTING UNION PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 03 / 2015</b>
Mailing Address <b>2321 PEMBROKE ROAD</b>			Amount of Each Disbursement this Period <b>2337.30</b> Transaction ID : <b>SB17.24442</b>
City <b>HOLLYWOOD</b>	State <b>FL</b>	Zip Code <b>33020</b>	
Purpose of Disbursement <b>PRINTING INVITATIONS F/R</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4315.51</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 64			
	<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. URBAN LEAGUE URBAN LEAGUE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015
Mailing Address 11 NW 36 AVE		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.24421</b>
City FT. LAUDERDALE	State FL	
Zip Code 33311	Purpose of Disbursement RENTAL OF ROOM FOR MEETING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WESTIN HOTEL WESTIN HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 400 COPORATE DRIVE		Amount of Each Disbursement this Period 4900.00 <b>Transaction ID : SB17.24414</b>
City CYPRESS CREEK	State FL	
Zip Code 33334	Purpose of Disbursement DEPOSIT F/R EVENT JUNE 28,2015	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WESTIN HOTEL WESTIN HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2015
Mailing Address 400 COPORATE DRIVE		Amount of Each Disbursement this Period 14429.53 <b>Transaction ID : SB17.24457</b>
City CYPRESS CREEK	State FL	
Zip Code 33334	Purpose of Disbursement BALANCE DUE F/R EVENT 6/28.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19529.53
<b>TOTAL</b> This Period (last page this line number only).....	89841.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 64	
	<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. ANDOVER ACADEMY ANDOVER ACADEMY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 8301 CLEANY BLVD		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.24448</b>
City PLANTATION State FL Zip Code 33324	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANDOVER ACADEMY ANDOVER ACADEMY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 8301 CLEANY BLVD		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.24458</b>
City PLANTATION State FL Zip Code 33324	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DILLARD SCHOOL DILLARD ELEMENTARY SCHOOL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 2330NW 12 CT.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.24415</b>
City FT. LAUDERDALE State FL Zip Code 33311	Purpose of Disbursement DONATION- IMPACT GIRLS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 64
	<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. Mrs. MEREDA DAVIS JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 4153 FLAT SHOALS PARKWAY SUITE 322		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.24378</b>
City DECATOR State GA Zip Code 30034	Purpose of Disbursement CAMPAIGN DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KAPPA FOUNDATION KAPPA FOUNDATION</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address P.O. BOX 21		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.24420</b>
City FT. LAUDERDALE State FL Zip Code 33301	Purpose of Disbursement DONATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MURPHY, PATRICK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 4521 PGA BLVD. #412		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.24385</b>
City PALM BEACH GARDENS State FL Zip Code 33418	Purpose of Disbursement CAMPAIGN DONATION	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<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 64 OF 64	
	<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. WAYSIDE HOUSE WAYSIDE HOUSE INC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2015</b>
Mailing Address <b>378 N.E.6TH AVENUE</b>		Amount of Each Disbursement this Period <b>300.00</b> <b>Transaction ID : SB21.24454</b>
City <b>DELRAY BEACH</b>	State <b>FL</b> Zip Code <b>33483</b>	
Purpose of Disbursement <b>DONATION</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3900.00</b>