



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**FRIENDS OF NEAL DUNN**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 119042.00               | 1664604.34                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 14964.06                | 29050.63                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 104077.94               | 1635553.71                         |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 369317.00               | 1709604.71                         |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 36926.10                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 369317.00               | 1672678.61                         |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 254617.54               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 305715.86               |                                    |

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

FRIENDS OF NEAL DUNN

Report Covering the Period: From: 10 / 20 / 2022 To: 11 / 28 / 2022

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 08 / 2022 (date of general election)

11 / 09 / 2022 (date after general election)

through

11 / 28 / 2022 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
  - (i) Itemized (use Schedule A)

47432.00

942690.84

15000.00

(ii) Unitemized

8610.00

170663.49

35.00

(iii) Total of contributions from individuals

56042.00

1113354.33

15035.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

63000.00

551250.01

9000.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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| COLUMN A<br>Total this Period   | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|---|---|
| (d) The Candidate   |   |   |
| 0.00  | 0.00  | 0.00  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |   |   |
| 119042.00   | 1664604.34  | 24035.00  |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |   |   |
| 0.00  | 65174.90  | 0.00  |
| 13. LOANS:  |   |   |
| (a) Made or Guaranteed by the Candidate   |   |   |
| 0.00  | 0.00  | 0.00  |
| (b) All Other Loans   |   |   |
| 0.00  | 0.00  | 0.00  |
| (c) TOTAL LOANS (add Lines 13(a) and (b))   |   |   |
| 0.00  | 0.00  | 0.00  |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)                      |   |   |
| 0.00  | 36926.10  | 0.00  |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                                      |   |   |
| 0.00  | 0.00  | 0.00  |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |   |   |
| 119042.00   | 1766705.34  | 24035.00  |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 94

Write or Type Committee Name

FRIENDS OF NEAL DUNN

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

| COLUMN A<br>Total this Period                           | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|---|---|
| <b>17. OPERATING EXPENDITURES</b>                       |   |   |
| <input type="text" value="369317.00"/>                  | <input type="text" value="1709604.71"/>   | <input type="text" value="65825.98"/>   |
| <b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>     |   |   |
| <input type="text" value="0.00"/>                       | <input type="text" value="0.00"/>   | <input type="text" value="0.00"/>   |
| <b>19. LOAN REPAYMENTS:</b>                             |   |   |
| (a) Of Loans Made or Guaranteed by the Candidate        |   |   |
| <input type="text" value="0.00"/>                       | <input type="text" value="0.00"/>   | <input type="text" value="0.00"/>   |
| (b) Of All Other Loans                                  |   |   |
| <input type="text" value="0.00"/>                       | <input type="text" value="0.00"/>   | <input type="text" value="0.00"/>   |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))   |   |   |
| <input type="text" value="0.00"/>                       | <input type="text" value="0.00"/>   | <input type="text" value="0.00"/>   |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                 |   |   |
| (a) Individuals/Persons Other Than Political Committees |   |   |
| <input type="text" value="14964.06"/>                   | <input type="text" value="27050.62"/>   | <input type="text" value="14364.06"/>   |
| (b) Political Party Committees                          |   |   |
| <input type="text" value="0.00"/>                       | <input type="text" value="0.00"/>   | <input type="text" value="0.00"/>   |

## POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 94

| COLUMN A<br>Total this Period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

|      |         |      |
|------|---------|------|
| 0.00 | 2000.01 | 0.00 |
|------|---------|------|

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

|          |          |          |
|----------|----------|----------|
| 14964.06 | 29050.63 | 14364.06 |
|----------|----------|----------|

21. OTHER DISBURSEMENTS

|      |           |      |
|------|-----------|------|
| 0.00 | 166000.00 | 0.00 |
|------|-----------|------|

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

|           |            |          |
|-----------|------------|----------|
| 384281.06 | 1904655.34 | 80190.04 |
|-----------|------------|----------|

### III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

|           |            |         |
|-----------|------------|---------|
| 104077.94 | 1635553.71 | 9670.94 |
|-----------|------------|---------|

### IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

|           |            |          |
|-----------|------------|----------|
| 369317.00 | 1672678.61 | 65825.98 |
|-----------|------------|----------|

### V. CASH SUMMARY

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                        | 519856.60 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....                            | 119042.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                   | 638898.60 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                       | 384281.06 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 254617.54 |

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

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

FOR LINE NUMBER: PAGE 7 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**HIPP, VAN, D., MR., JR**  
 Mailing Address 809 N QUAKER LANE  
 City ALEXANDRIA State VA Zip Code 22302-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN DEFENSE INTERNATIONAL INC. Occupation CHAIRMAN  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2022  
**Transaction ID : SA11A.13466**  
 Amount of Each Receipt this Period  
 2400.00  
 Memo Item  
**CONTRIBUTION**  
 REFUNDED \$600.00 ON 10/22/2022

**B.** Full Name (Last, First, Middle Initial)  
**ACKERMAN, LARRY, L, MR,**  
 Mailing Address 1914 MADRON RD  
 City ROCKFORD State IL Zip Code 61107-1717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2022  
**Transaction ID : SA11A.13770**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**FARMER, CHRISTOPHER, GUY, MR,**  
 Mailing Address 7021 ANGLEWOOD LN  
 City TALLAHASSEE State FL Zip Code 32309-6533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2022  
**Transaction ID : SA11A.13771**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SEE, RICHARD, A, MR,**  
Mailing Address PO BOX 924298

City HOMESTEAD State FL Zip Code 33092-4298

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 20 2022

Transaction ID : SA11A.13761

Amount of Each Receipt this Period  
80.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
192621.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 20 2022

Transaction ID : SA11C.13517

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**UTLEY, DEREK, , ,**  
Mailing Address 499 EVERNIA STREET APT 603

City WEST PALM BEACH State FL Zip Code 33401-5465

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

Name of Employer X STRATEGIES LLC Occupation CHAIRMAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 20 2022

Transaction ID : SA11A.13518

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED; REFUNDED \$1,000.00 ON 11/21/2022

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1080.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**HIPP, JANE, GROTE, MRS.,**  
Mailing Address 809 N QUAKER LANE

City ALEXANDRIA State VA Zip Code 22302-3416

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2022

Transaction ID : SA11A.13520

Amount of Each Receipt this Period  
 2900.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NGUYEN, HUNG, , ,**  
Mailing Address 1610 E DESOTO ST

City PENSACOLA State FL Zip Code 32501-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2022

Transaction ID : SA11A.13682

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RUTSIS, NICHOLAS, , , JR.**  
Mailing Address 2881 NE 35TH CT

City FT LAUDERDALE State FL Zip Code 33308-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2022

Transaction ID : SA11A.13683

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

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

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

3400.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SIPOWSKI, HENRY, , , JR.**

Mailing Address 6198 NORTH FEDERAL HIGHWAY

City BOCA RATON State FL Zip Code 33487-

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

Name of Employer STATE FARM Occupation INSURANCE

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 21 2022

Transaction ID : SA11A.13684

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SOFIA LOREN SALON**

Mailing Address 2831 N FEDERAL HWY STE 7

City BOCA RATON State FL Zip Code 33431-

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 21 2022

Transaction ID : SA11A.13685

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BEARDEN, SHARON, F, MS,**

Mailing Address 4926 E 2ND ST

City PANAMA CITY State FL Zip Code 32404-7046

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13788

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**BRUETTE, EDWARD, W, MR,**  
Mailing Address 4768 LEGACY ST

City MILTON State FL Zip Code 32570-7904

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13866

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHAN, MICHAEL, D, MR,**  
Mailing Address 1790 ABBEY RD APT 201B

City WEST PALM BEACH State FL Zip Code 33415-9101

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

Name of Employer NITN SALON Occupation HAIR DRESSER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13845

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DUREN, LEE, W, MR,**  
Mailing Address 2011 JUNIPER AVE

City PORT SAINT JOE State FL Zip Code 32456-2227

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

Name of Employer BLUEWATER OUTRIGGERS INC. Occupation PRESIDENT

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1835.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13811

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 275.00

**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:<br>(check only one)    |                              | PAGE 12 OF 94                |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
|   |                              | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**FRAHM, DONALD, R, MR,**

Mailing Address 7 AVENUE DE LA MER APT 1006

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>PALM COAST | State<br>FL | Zip Code<br>32137-1208 |
|--------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2022

**Transaction ID : SA11A.13860**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HARRIS, ARTHUR, O, MR,**

Mailing Address 4801 PEBBLE BROOK DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>OLDSMAR | State<br>FL | Zip Code<br>34677-4849 |
|-----------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2022

**Transaction ID : SA11A.13852**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KIEL, DALE, A, MR,**

Mailing Address 232 13TH ST

|                           |             |                        |
|---------------------------|-------------|------------------------|
| City<br>PANAMA CITY BEACH | State<br>FL | Zip Code<br>32413-4436 |
|---------------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2022

**Transaction ID : SA11A.13853**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 13 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**LAWRENCE, LINDA, R, MS, TTEE**  
 Mailing Address 717 WINIFRED WAY  
 City THE VILLAGES State FL Zip Code 32162-1619  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 670.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 24 2022  
**Transaction ID : SA11A.13868**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**LOYED, DAVID, , MR,**  
 Mailing Address 204 GARNER CIR E  
 City CRAWFORDVILLE State FL Zip Code 32327-1266  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 24 2022  
**Transaction ID : SA11A.13875**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MAYOR, RAFAEL, D, DR, M.D.**  
 Mailing Address 2914 KINGS DR  
 City PANAMA CITY State FL Zip Code 32405-1616  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 2150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 24 2022  
**Transaction ID : SA11A.13859**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**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:<br>(check only one)          |                                     | PAGE 14 OF 94                       |                                    |
| <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
| <input type="checkbox"/>                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> 15        |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**REINHARD, DONALD, G, MR.,**

Mailing Address 75 HARVARD AVE

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>PALMERTON | State<br>PA | Zip Code<br>18071-1212 |
|-------------------|-------------|------------------------|

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

|                            |                         |
|----------------------------|-------------------------|
| Name of Employer<br>PENCOR | Occupation<br>EXECUTIVE |
|----------------------------|-------------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2553.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2022

**Transaction ID : SA11A.13844**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROGERS, CHARLES, E, MR.,**

Mailing Address 322 MOORE DR

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>LYNN HAVEN | State<br>FL | Zip Code<br>32444-4610 |
|--------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2022

**Transaction ID : SA11A.13877**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SERIDGE, EUGENE, F, MR, TTEE**

Mailing Address 10641 SE 174TH LOOP

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SUMMERFIELD | State<br>FL | Zip Code<br>34491-8950 |
|---------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2022

**Transaction ID : SA11A.13822**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 15 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**VALERIUS, JOHN, B, MR,**

Mailing Address 1909 CANTERBURY ST

City IRVING State TX Zip Code 75062-3551

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13850

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VARLEY, JAMES, E, DR,**

Mailing Address 2990 N UMBERLAND DR

City TALLAHASSEE State FL Zip Code 32309-6809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13862

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WHITE, LUELLA, M, MRS, TTEE**

Mailing Address 1603 113TH ST S

City TACOMA State WA Zip Code 98444-2506

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 24 2022

Transaction ID : SA11A.13865

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**WILSON, CHARLENE, E, MS,**  
Mailing Address 2864 FITZPATRICK DR

City TALLAHASSEE State FL Zip Code 32309-3263

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2022

Transaction ID : SA11A.13848

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**YAGELKA, JOHN, R, DR,**  
Mailing Address 4935 AUTUMN RIDGE DR

City WESLEY CHAPEL State FL Zip Code 33545-3220

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
775.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2022

Transaction ID : SA11A.13855

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BRACKETT, LES, M., MR.,**  
Mailing Address 836 JENKS AVE

City PANAMA CITY State FL Zip Code 32401-2532

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

Name of Employer AXA ADVISORS Occupation FINANCIAL PLANNER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022

Transaction ID : SA11A.13689

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 94  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**FOSTER-HOLLON, BETTY, J, MS,**

Mailing Address 2725 FAIRMONT DR

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>PANAMA CITY | State<br>FL | Zip Code<br>32405-4345 |
|---------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022

**Transaction ID : SA11A.13887**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GILBERT, ROBERT, F, MR,**

Mailing Address 2120 BRIDLE CT

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>PHENIX CITY | State<br>AL | Zip Code<br>36867-5300 |
|---------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022

**Transaction ID : SA11A.13893**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOWES, ALVIN, L, MR,**

Mailing Address 1841 ARBOR KNOLL LOOP

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>TRINITY | State<br>FL | Zip Code<br>34655-7205 |
|-----------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022

**Transaction ID : SA11A.13894**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 35.00

Memo Item  
CONTRIBUTION

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

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

\_\_\_\_\_ 335.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 18 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**JENSEN, SHAYNE, , DR.,**  
Mailing Address 2515 HIGH AVE

City PANAMA CITY State FL Zip Code 32405-1200

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

Name of Employer SELF EMPLOYED Occupation PODIATRIST

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 25 2022

Transaction ID : SA11A.13688

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAULTSBY, MARY, T, MS,**  
Mailing Address 307 DOGWOOD WAY

City PERRY State FL Zip Code 32348-5931

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

Name of Employer FLORIDA PLYWOODS INC Occupation PLYWOOD MGR

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 25 2022

Transaction ID : SA11A.13889

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PEADEN, ADAM, , ,**  
Mailing Address 2507 HARRISON AVE  
SUITE 201

City PANAMA CITY State FL Zip Code 32405-4447

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

Name of Employer GULF COAST PODIATRY Occupation PODIATRIST

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 25 2022

Transaction ID : SA11A.13695

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SCHERA, ENOS, L, MR, WWII VET**  
 Mailing Address 8254 SW 37TH ST  
 City MIAMI State FL Zip Code 33155-3329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022  
**Transaction ID : SA11A.13891**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**SPARKS, GRANT, T., ,**  
 Mailing Address P.O. BOX 9157  
 City PANAMA CITY BEACH State FL Zip Code 32417-9157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation TALENT AGENT  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022  
**Transaction ID : SA11A.13690**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**STEWART, ROBERT, K, MR,**  
 Mailing Address 9610 SW 96TH ST  
 City OCALA State FL Zip Code 34481-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2022  
**Transaction ID : SA11A.13892**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2085.00  
**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:<br>(check only one)          | PAGE 20 OF 94                       |
| <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a |
| <input type="checkbox"/> 11c<br>13b           | <input type="checkbox"/> 11d<br>14  |
| <input type="checkbox"/> 15                   |                                     |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address **PO BOX 9891**

|                          |                    |                               |
|--------------------------|--------------------|-------------------------------|
| City<br><b>ARLINGTON</b> | State<br><b>VA</b> | Zip Code<br><b>22219-1891</b> |
|--------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C** **C00694323**

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**192621.50**

Date of Receipt  

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 25 / 2022          |

**Transaction ID : SA11C.13728**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**DAVID, DREW, , ,**

Mailing Address **2282 FLORAL RIDGE DRIVE**

|                       |                    |                               |
|-----------------------|--------------------|-------------------------------|
| City<br><b>DACULA</b> | State<br><b>GA</b> | Zip Code<br><b>30019-7214</b> |
|-----------------------|--------------------|-------------------------------|

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

|                                    |                            |
|------------------------------------|----------------------------|
| Name of Employer<br><b>KRS BIO</b> | Occupation<br><b>SALES</b> |
|------------------------------------|----------------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

Date of Receipt  

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 20 / 2022          |

**Transaction ID : SA11A.13729**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**BELER, SAMUEL, K, MR, TTEE**

Mailing Address **1672 FOOTHILL PARK CIR**

|                          |                    |                               |
|--------------------------|--------------------|-------------------------------|
| City<br><b>LAFAYETTE</b> | State<br><b>CA</b> | Zip Code<br><b>94549-2245</b> |
|--------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**850.00**

Date of Receipt  

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 26 / 2022          |

**Transaction ID : SA11A.13896**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

Memo Item  
CONTRIBUTION

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | <b>350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |               |

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

|   |                                     |                                     |                                    |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| FOR LINE NUMBER:<br>(check only one)          |                                     | PAGE 21 OF 94                       |                                    |
| <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
| <input type="checkbox"/>                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> 15        |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**BUTLER, MARILYN, A, MRS,**

Mailing Address 11591 SE 202ND PL

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>INGLIS | State<br>FL | Zip Code<br>34449-4052 |
|----------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

**Transaction ID : SA11A.13908**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FLETCHER, WILLIAM, F, MR, III**

Mailing Address 7106 MAYO CIR

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>PANAMA CITY | State<br>FL | Zip Code<br>32404-4910 |
|---------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

**Transaction ID : SA11A.13907**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HANSELKA, REINHARD, , MR,**

Mailing Address 7122 S LAGOON DR

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>PANAMA CITY | State<br>FL | Zip Code<br>32408-5430 |
|---------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

**Transaction ID : SA11A.13920**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 190.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 22 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**HARLAN, FLOYD, L, MR, USAF RET**  
 Mailing Address 1747 TOLLHOUSE LN  
 City CLOVIS State CA Zip Code 93611-0549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2022  
**Transaction ID : SA11A.13926**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**LEE, DONALD, C D, MR, RET**  
 Mailing Address 3103 BENTWOOD LN  
 City SAFETY HARBOR State FL Zip Code 34695-5006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHROP GRAMMAR CORP Occupation AEROSPACE ENGINEERING  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2022  
**Transaction ID : SA11A.13913**  
 Amount of Each Receipt this Period  
 23.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MAPLE, RALPH, E, MR,**  
 Mailing Address 3702 SUNSET BLVD  
 City HOUSTON State TX Zip Code 77005-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2022  
**Transaction ID : SA11A.13914**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 373.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**MOFFAT, DONALD, G, MR,**  
Mailing Address 11029 130TH AVE

City LARGO State FL Zip Code 33778-2104

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

Name of Employer LARGO FL Occupation SCHOOL CROSSING GRAND

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2022

Transaction ID : SA11A.13897

Amount of Each Receipt this Period  
 10.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAYNE, L, HOWARD, MR.,**  
Mailing Address 12918 YACHT CLUB PL

City CORTEZ State FL Zip Code 34215-2562

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

Name of Employer PAYNE LAW GROUP Occupation LAWYER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2022

Transaction ID : SA11A.13927

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALEXANDER, GREGG, A, DR, M.D.**  
Mailing Address 4147 NEIL CT

City TALLAHASSEE State FL Zip Code 32303-7181

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2022

Transaction ID : SA11A.13932

Amount of Each Receipt this Period  
 250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **360.00**

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

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

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

FOR LINE NUMBER: PAGE 24 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**CROFT, ROBERT, V, MR,**  
Mailing Address 907 BUENA VISTA BLVD

City PANAMA CITY State FL Zip Code 32401-2121

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

Name of Employer CROFT ENGINEERING CONSULTANT LLC Occupation OWNER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 27 2022

Transaction ID : SA11A.13933

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SEE, RICHARD, A, MR,**  
Mailing Address PO BOX 924298

City HOMESTEAD State FL Zip Code 33092-4298

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 27 2022

Transaction ID : SA11A.13931

Amount of Each Receipt this Period  
 80.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SERRANO, JOYCE, A, MS,**  
Mailing Address 1161 WESTWAY DR

City SARASOTA State FL Zip Code 34236-1118

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 27 2022

Transaction ID : SA11A.13936

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **630.00**

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



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**HICKMAN, EDGAR, CAMERON, MR,**  
Mailing Address 4149 NE BELLVILLE RD

City PINETTA State FL Zip Code 32350-3107

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 28 2022

Transaction ID : SA11A.13967

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHORT, LEROY, J, MR, JR**  
Mailing Address 874 COMMONWEALTH CT

City CASELBERRY State FL Zip Code 32707-5885

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 28 2022

Transaction ID : SA11A.13963

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STRIPLING, EDWARD, O, MR,**  
Mailing Address 2238 ARMISTEAD RD

City TALLAHASSEE State FL Zip Code 32308-0904

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
385.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 28 2022

Transaction ID : SA11A.13949

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERTS, GEORGE, , MR.,**

Mailing Address 3233 MAGNOLIA ISLANDS BLVD

City PANAMA CITY BEACH State FL Zip Code 32408-7166

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

Name of Employer R & R INC. Occupation ROAD BUILDER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **2900.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 29 2022

Transaction ID : SA11A.13696

Amount of Each Receipt this Period  
**3000.00**

Memo Item  
CONTRIBUTION  
SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERTS, GEORGE, , MR.,**

Mailing Address 3233 MAGNOLIA ISLANDS BLVD

City PANAMA CITY BEACH State FL Zip Code 32408-7166

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

Name of Employer R & R INC. Occupation ROAD BUILDER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **2900.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 29 2022

Transaction ID : SA11A.14033

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

Memo Item  
CONTRIBUTION  
REATTRIBUTION TO SPOUSE; REATTRIBUTION /  
REDESIGNATION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
**ROBERTS, STEPHANIE, , ,**

Mailing Address 3233 MAGNOLIA ISLAND BLVD

City PANAMA CITY BEACH State FL Zip Code 32408-7166

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **2600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 29 2022

Transaction ID : SA11A.14032

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION  
REATTRIBUTION FROM SPOUSE; REATTRIBUTION /  
REDESIGNATION REQUESTED

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | <b>3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |                |

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

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

FOR LINE NUMBER: PAGE 27 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 192621.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2022  
**Transaction ID : SA11C.13700**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**SCHMIDT, WILLIAM, , ,**  
 Mailing Address 167 YARNICK ROAD  
 City GREAT FALLS State VA Zip Code 22066-3525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ENVIVA INC. EXECUTIVE  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2022  
**Transaction ID : SA11A.13701**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**ANDERSON, PAMELA, W, MRS,**  
 Mailing Address 6505 PALM CT  
 City PANAMA CITY BEACH State FL Zip Code 32408-3729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ANDERSON PIER INC MANAGEMENT  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 920.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2022  
**Transaction ID : SA11A.13984**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1150.00  
**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

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**COWEN, ROBERT, C, MR, SR**  
 Mailing Address 2756 INDIAN SPRINGS RD  
 City MARIANNA State FL Zip Code 32446-6889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2022  
**Transaction ID : SA11A.13971**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**HUANG, JOSEPH, C H, MR,**  
 Mailing Address 15 SANDALWOOD DR  
 City PARSIPPANY State NJ Zip Code 07054-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **395.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2022  
**Transaction ID : SA11A.13975**  
 Amount of Each Receipt this Period  
 104.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**PARKER, LIESELOTTE, , MS, TTEE**  
 Mailing Address 7941 WATERLOO ST NE  
 City KEIZER State OR Zip Code 97303-1762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2022  
**Transaction ID : SA11A.13987**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **304.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ALVAREZ, DAVID, A., DR.,**

Mailing Address 3334 CAPITAL MEDICAL BLVD  
SUITE 400

City TALLAHASSEE State FL Zip Code 32308-4470

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

Name of Employer TALLAHASSEE ORTHOPEDIC CLINIC Occupation DOCTOR

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11A.13706**

Amount of Each Receipt this Period  
550.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BOROM, ANDREW, H., DR., M.D.**

Mailing Address 3334 CAPITAL MEDICAL BLVD  
SUITE 400

City TALLAHASSEE State FL Zip Code 32308-4470

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

Name of Employer TALLAHASSEE ORTHOPEDIC CLINIC Occupation PHYSICIAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11A.13704**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MEJIA, HECTOR, M., DR.,**

Mailing Address 3334 CAPITAL MEDICAL BLVD  
SUITE 400

City TALLAHASSEE State FL Zip Code 32308-4470

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

Name of Employer TOC Occupation PHYSICIAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11A.13703**

Amount of Each Receipt this Period  
670.00

Memo Item  
CONTRIBUTION  
REFUNDED \$570.00 ON 11/28/2022

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

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

3220.00

**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 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**SIPPLE, HARRY, B., MR., III**

Mailing Address PO BOX 27067

City PANAMA CITY State FL Zip Code 32411-7067

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2022

Transaction ID : SA11A.13702

Amount of Each Receipt this Period  
 500.00

Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TODD, JOHN, R, MR, TTEE**

Mailing Address 10618 CARENA CIR

City FORT MYERS State FL Zip Code 33913-6818

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2022

Transaction ID : SA11A.13712

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WALTERS, JORDAN, , ,**

Mailing Address 2802 W HANNON HILL DR

City TALLAHASSEE State FL Zip Code 32309-8986

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

Name of Employer TALLAHASSEE ORTHOPEDIC CLINIC Occupation PHYSICIAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2022

Transaction ID : SA11A.13707

Amount of Each Receipt this Period  
 450.00

Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

**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:<br>(check only one)    |                              | PAGE 31 OF 94                |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
| <input type="checkbox"/>                | <input type="checkbox"/>     | <input type="checkbox"/>     | <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)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMIT**

Mailing Address 1 M STREET, SE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20003-5125 |
|--------------------|-------------|------------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11C.13709**

Amount of Each Receipt this Period  
600.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**HOXENG, DAVID, , ,**

Mailing Address 7251 PLANTATION RD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>PENSACOLA | State<br>FL | Zip Code<br>32504-6334 |
|-------------------|-------------|------------------------|

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

|   |                     |
|---|---------------------|
| Name of Employer<br>WYCT, WNRP WEBY RADIO | Occupation<br>OWNER |
|---|---------------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11A.13711**

Amount of Each Receipt this Period  
600.00

Memo Item CONTRIBUTION

EARMARKED FROM NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL A

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

Mailing Address PO BOX 9891

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
192621.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11C.13730**

Amount of Each Receipt this Period  
860.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 32 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**MCALINDEN, WILLIAM, J., MR.**  
 Mailing Address 2620 KATIE MARIE LN  
 City LYNN HAVEN State FL Zip Code 32444-4793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 27 2022  
**Transaction ID : SA11A.13731**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**MCALINDEN, WILLIAM, J., MR.**  
 Mailing Address 2620 KATIE MARIE LN  
 City LYNN HAVEN State FL Zip Code 32444-4793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 23 2022  
**Transaction ID : SA11A.13734**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**RUSHING, W DANIEL, , MR. , III**  
 Mailing Address 317 SANDCHASE CIRCLE  
 City INLET BEACH State FL Zip Code 32461-9512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAY RADIOLOGY ASSOC. Occupation CEO  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 21 2022  
**Transaction ID : SA11A.13735**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

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

350.00



**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 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY, GARY, W., MR.,**

Mailing Address 1308 MARVIN AVENUE

City PORT ST JOE State FL Zip Code 32456-2070

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

Name of Employer EMERALD COAST PLUMBING Occupation PLUMBER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2022

**Transaction ID : SA11A.13732**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item  
**CONTRIBUTION**  
 EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**LAWRENCE, LINDA, R, MS, TTEE**

Mailing Address 717 WINIFRED WAY

City THE VILLAGES State FL Zip Code 32162-1619

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 670.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2022

**Transaction ID : SA11A.13997**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 75.00

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DALY, JOHN, G, MR, JR**

Mailing Address 45 PARK DR

City CORTLANDT MANOR State NY Zip Code 10567-1514

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2022

**Transaction ID : SA11A.14014**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 600.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ROSS, T, JOHNSON, MR, JR**

Mailing Address 14 WINDWARD IS

City CLEARWATER State FL Zip Code 33767-2321

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2022

**Transaction ID : SA11A.14008**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**SARTOR, JANET, E, MS,**

Mailing Address 1206 WOODCREST AVE

City SAFETY HARBOR State FL Zip Code 34695-2051

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2022

**Transaction ID : SA11A.14006**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 35.00

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**FOURNIER, ALAN, , ,**

Mailing Address 11 SPRING HOLLOW ROAD

City FAR HILLS State NJ Zip Code 07931-2402

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

Name of Employer PENNANT INVESTORS LLC Occupation FOUNDER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2022

**Transaction ID : SA11A.13715**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 2085.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**PEFFER, ARTHUR, D., MR, III CPA**

Mailing Address 12782 MARICOPA WAY

City JACKSONVILLE State FL Zip Code 32246-1003

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

Name of Employer ARTHUR D. PEFFER III C.P.A. Occupation TAX ACCOUNTANT

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2022

**Transaction ID : SA11A.13721**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**HART, JAMES, W, GEN, JR USAF RE**

Mailing Address 7371 COX RD

City BASCOM State FL Zip Code 32423-9411

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022

**Transaction ID : SA11A.14028**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**ROWLAND, JEAN, B, MRS,**

Mailing Address 4014 RENDALE DR

City JACKSONVILLE State FL Zip Code 32210-5134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022

**Transaction ID : SA11A.14021**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 200.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**CONTINENTAL PACIFIC, LLC**  
 Mailing Address P.O. BOX 1350  
 City SANTA ROSA BEACH State FL Zip Code 32459-1350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1805.94

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022  
**Transaction ID : SA11A.13750**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**  
 SEE ATTRIBUTION BELOW; REFUNDED \$694.06 ON 11/28/2022

**B.** Full Name (Last, First, Middle Initial)  
**HENDERSON, JEREMIAH, , ,**  
 Mailing Address P.O. BOX 1380  
 City SANTA ROSA BEACH State FL Zip Code 32459-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CONTINENTAL PACIFIC LLC MANAGER  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5769.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022  
**Transaction ID : SA11A.13752**  
 Amount of Each Receipt this Period  
 769.66  
 Memo Item  
**CONTRIBUTION**  
 PARTNERSHIP ATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HENDERSON, TRUST OF, , ,**  
 Mailing Address PO BOX 1350  
 City SANTA ROSA BEACH State FL Zip Code 32459-1350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 236.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022  
**Transaction ID : SA11A.13754**  
 Amount of Each Receipt this Period  
 236.28  
 Memo Item  
**CONTRIBUTION**  
 PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**STROTHER, J. BARRON, , ,**  
 Mailing Address P.O. BOX 1380  
 City: SANTA ROSA BEACH State: FL Zip Code: 32459-1380  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: CONTINENTAL PACIFIC LLC Occupation: REAL ESTATE  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022  
**Transaction ID : SA11A.13751**  
 Amount of Each Receipt this Period  
 800.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address PO BOX 9891  
 City: ARLINGTON State: VA Zip Code: 22219-1891  
 FEC ID number of contributing federal political committee: **C** C00694323  
 Name of Employer: Occupation:  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 192621.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022  
**Transaction ID : SA11C.13736**  
 Amount of Each Receipt this Period  
 320.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**ANDERSON, GARRETT, , ,**  
 Mailing Address 3109 KINGS DRIVE  
 City: PANAMA CITY State: FL Zip Code: 32405-1617  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: ANDERSON CONSTRUCTION Occupation: CONSTRUCTION  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2022  
**Transaction ID : SA11A.13740**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 192621.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022  
**Transaction ID : SA11C.13741**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**GREENE, JAMES, J., MR,**  
 Mailing Address 1809 DISCOVERY LOOP  
 City PANAMA CITY State FL Zip Code 32405-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2022  
**Transaction ID : SA11A.13745**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**MCALINDEN, WILLIAM, J., MR,**  
 Mailing Address 2620 KATIE MARIE LN  
 City LYNN HAVEN State FL Zip Code 32444-4793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2022  
**Transaction ID : SA11A.13743**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 100.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**WYRICK, JERRY, A.,**  
Mailing Address 22530 NE QUAIL RUN

City BLOUNTSTOWN State FL Zip Code 32424-4170

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022

Transaction ID : SA11A.13742

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15010.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2022

Transaction ID : SA11C.13746

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**BARRETT, TYLER, , ,**  
Mailing Address 1700 WEST MAIN ST, SUITE 500

City PENSACOLA State FL Zip Code 32502-5370

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

Name of Employer REGENATIVE LABS Occupation CEO

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2022

Transaction ID : SA11A.13747

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED; REFUNDED \$5,000.00 ON 11/28/2022

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

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

5500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER:<br>(check only one)    |                              | PAGE 40 OF 94                |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
| <input type="checkbox"/>                | <input type="checkbox"/>     | <input type="checkbox"/>     | <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)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**BARRETT, TYLER, , ,**

Mailing Address 1700 WEST MAIN ST, SUITE 500

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>PENSACOLA | State<br>FL | Zip Code<br>32502-5370 |
|-------------------|-------------|------------------------|

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

|                                     |                   |
|-------------------------------------|-------------------|
| Name of Employer<br>REGENATIVE LABS | Occupation<br>CEO |
|-------------------------------------|-------------------|

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2900.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 09  |   | 2022    |

**Transaction ID : SA11A.13748**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; REFUNDED \$2,100.00 ON 11/28/2022

**B.** Full Name (Last, First, Middle Initial)  
**BARRETT, TYLER, , ,**

Mailing Address 1700 WEST MAIN ST, SUITE 500

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>PENSACOLA | State<br>FL | Zip Code<br>32502-5370 |
|-------------------|-------------|------------------------|

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

|                                     |                   |
|-------------------------------------|-------------------|
| Name of Employer<br>REGENATIVE LABS | Occupation<br>CEO |
|-------------------------------------|-------------------|

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2900.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 09  |   | 2022    |

**Transaction ID : SA11A.13749**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; REFUNDED \$5,000.00 ON 11/28/2022

**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 |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

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

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

|          |
|----------|
| 10000.00 |
| 47432.00 |



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

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

FOR LINE NUMBER: PAGE 41 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**ALTRIA GROUP, INC. PAC**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 400W

City WASHINGTON State DC Zip Code 20001-2155

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2022

**Transaction ID : SA11C.13519**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2350 KERNER BLVD., SUITE 250

City SAN RAFAEL State CA Zip Code 94901-5596

FEC ID number of contributing federal political committee. **C** C00543371

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2022

**Transaction ID : SA11C.13521**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR PAC**

Mailing Address 101 3RD ST N

City MOORHEAD State MN Zip Code 56560-1952

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2022

**Transaction ID : SA11C.13681**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 8500.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF OPHTHALMOLOGY INC. PAC**  
 Mailing Address 655 BEACH STREET  
 City SAN FRANCISCO State CA Zip Code 94109-1342  
 FEC ID number of contributing federal political committee. **C** C00196246  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 25 2022  
**Transaction ID : SA11C.13691**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE PROMISES PAC**  
 Mailing Address 1919 OXMOOR RD #241  
 City HOMEWOOD State AL Zip Code 35209-3502  
 FEC ID number of contributing federal political committee. **C** C00585893  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 25 2022  
**Transaction ID : SA11C.13694**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**IN THE ARENA PAC**  
 Mailing Address PO BOX 7244  
 City LITTLE ROCK State AR Zip Code 72217-7244  
 FEC ID number of contributing federal political committee. **C** C00623512  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 25 2022  
**Transaction ID : SA11C.13693**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF OR**

Mailing Address 317 MASSACHUSETTS AVE., N.E.  
1ST FLOOR

City WASHINGTON State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2022

**Transaction ID : SA11C.13686**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PA**

Mailing Address 1300 I ST NW  
SUITE 500 E

City WASHINGTON State DC Zip Code 20005-3314

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2022

**Transaction ID : SA11C.13692**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE H**

Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 710

City WASHINGTON State DC Zip Code 20004-2513

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

**Transaction ID : SA11C.13687**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION**

Mailing Address 1201 PENNSYLVANIA AVE. NW  
SUITE 540

City WASHINGTON State DC Zip Code 20004-2463

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2022

Transaction ID : SA11C.13698

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

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

Mailing Address 1891 METRO CENTER DRIVE

City RESTON State VA Zip Code 20190-5287

FEC ID number of contributing federal political committee. **C** C00343707

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2022

Transaction ID : SA11C.13697

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103-2855

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

Transaction ID : SA11C.13699

Amount of Each Receipt this Period  
3000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM FORCE PAC**

Mailing Address 3725 WEST FLAGLER STREET  
#281

City MIAMI State FL Zip Code 33134-1601

FEC ID number of contributing federal political committee. **C** C00769695

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11C.13708**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SPECIALTY EQUIPMENT MARKET ASSOCIATION PAC SEMAPAC**

Mailing Address 1575 SOUTH VALLEY VISTA DRIVE

City DIAMOND BAR State CA Zip Code 91765-3914

FEC ID number of contributing federal political committee. **C** C00389403

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

**Transaction ID : SA11C.13710**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PUBLIX SUPER MARKETS INC. PAC**

Mailing Address P. O. BOX 407

City LAKELAND State FL Zip Code 33802-0407

FEC ID number of contributing federal political committee. **C** C00400705

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2022

**Transaction ID : SA11C.13716**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

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

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

|   |                                    |                                     |  |                                    |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  |                                     | PAGE 46 OF 94                                  |                                    |
|   | <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS PAC**

Mailing Address PO BOX 15441

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20003-0441 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00273003

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022

**Transaction ID : SA11C.13717**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF SURGEONS PAC**

Mailing Address 20 F ST NW, STE 1000  
ATTN: SARA MORSE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20001-6701 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00382424

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022

**Transaction ID : SA11C.13713**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GIVING US SECURITY POLITICAL ACTION COMMITTEE (GUS PAC)**

Mailing Address PO BOX 2485

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SPRINGFIELD | State<br>VA | Zip Code<br>22152-0485 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00531517

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022

**Transaction ID : SA11C.13723**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |         |

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

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

FOR LINE NUMBER: PAGE 47 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**JM FAMILY ENTERPRISES INC. PAC**  
Mailing Address 111 JIM MORAN BLVD.  
City DEERFIELD BEACH State FL Zip Code 33442-1701  
FEC ID number of contributing federal political committee. **C** C00240911  
Name of Employer Occupation  
Receipt For: 2022  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022  
**Transaction ID : SA11C.13718**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES' PAC**  
Mailing Address 2121 CRYSTAL DRIVE SUITE 100  
City ARLINGTON State VA Zip Code 22202-3706  
FEC ID number of contributing federal political committee. **C** C00303024  
Name of Employer Occupation  
Receipt For: 2022  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022  
**Transaction ID : SA11C.13720**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NRA POLITICAL VICTORY FUND**  
Mailing Address 11250 WAPLES MILL ROAD  
City FAIRFAX State VA Zip Code 22030-7550  
FEC ID number of contributing federal political committee. **C** C00053553  
Name of Employer Occupation  
Receipt For: 2022  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022  
**Transaction ID : SA11C.13719**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item  
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 48 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1015 15TH STREET NW  
SUITE 920

City WASHINGTON State DC Zip Code 20005-2623

FEC ID number of contributing federal political committee. **C** C00432252

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022

**Transaction ID : SA11C.13722**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SOUTHERN COMPANY EMPLOYEES PAC**

Mailing Address 241 RALPH MCGILL BLVD, NE  
BIN 10115

City ATLANTA State GA Zip Code 30308-3374

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022

**Transaction ID : SA11C.13714**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TRUIST FINANCIAL CORPORATION FEDERAL PAC (FORMERLY SUNTRUST**

Mailing Address 1001 SEMMES AVENUE 5TH FLOOR

City RICHMOND State VA Zip Code 23224-2245

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2022

**Transaction ID : SA11C.13724**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00

**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:<br>(check only one) |                                     | PAGE 49 OF 94                                  |                                    |
| <input type="checkbox"/> 11a<br>12   | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|                                      |                                     | <input type="checkbox"/> 15                    |                                    |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS PAC**

Mailing Address PO BOX 15441

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20003-0441 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00273003

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2022

**Transaction ID : SA11C.13760**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 2121 K ST NW  
STE. 325

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20037-1886 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00140061

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2022

**Transaction ID : SA11C.13725**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HUDSON FOR CONGRESS**

Mailing Address PO BOX 1875

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>SOUTHERN PINES | State<br>NC | Zip Code<br>28388-1875 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00504522

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2022

**Transaction ID : SA11C.13756**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 50 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

**A.** Full Name (Last, First, Middle Initial)  
**FIRST IN FREEDOM PAC**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00540146

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2022

**Transaction ID : SA11C.13755**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00445379

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2022

**Transaction ID : SA11C.13758**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE LOOSE GROUP**

Mailing Address 4279 ROSWELL ROAD NE  
SUITE 208-192

City ATLANTA State GA Zip Code 30342-3769

FEC ID number of contributing federal political committee. **C** C00010793

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2022

**Transaction ID : SA11C.13757**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 7000.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | 63000.00 |

**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 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FP1 STRATEGIES, LLC</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2022 |  |   |
| Mailing Address 3001 WASHINGTON BLVD.<br>7TH FLOOR                       |  |  | FEC Identification Number<br><b>C</b>                         |  |   |
| City<br>ARLINGTON  | State<br>VA  | Zip Code<br>22201  |   |  | Amount of Each Disbursement this Period<br>11140.00 |
| Purpose of Disbursement<br>MEDIA PRODUCTION                              |  |  | Transaction ID : <b>SB17.I3133</b>                            |  |   |
| Candidate Name   |  |  |   |  | Memo Item <input type="checkbox"/>                  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |   |
| State:   | District:  |  |   |  |   |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MENTZER MEDIA SERVICES</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2022 |  |  |
| Mailing Address 210 W PENNSYLVANIA AVE<br>SUITE 250                         |  |  | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>TOWSON  | State<br>MD  | Zip Code<br>21204  |   |  | Amount of Each Disbursement this Period<br>249624.00 |
| Purpose of Disbursement<br>MEDIA PLACEMENT                                  |  |  | Transaction ID : <b>SB17.I3134</b>                            |  |  |
| Candidate Name  |  |  |   |  | Memo Item <input type="checkbox"/>                   |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |
| State:  | District:  |  |   |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CHARLIE BRAVO PICTURES</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2022 |  |  |
| Mailing Address 246 E. SIXTH AVE  |  |  | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>TALLAHASSEE   | State<br>FL  | Zip Code<br>32303  |   |  | Amount of Each Disbursement this Period<br>1600.00 |
| Purpose of Disbursement<br>PHOTOGRAPHY SERVICES                             |  |  | Transaction ID : <b>SB17.I3135</b>                            |  |  |
| Candidate Name  |  |  |   |  | Memo Item <input type="checkbox"/>                 |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |
| State:  | District:  |  |   |  |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 262364.00 |
| <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:<br>(check only one)          | PAGE 52 OF 94                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MONOGRAM ART</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2022 |
| Mailing Address 2522 CAPITAL CR NE STE6  |  | FEC Identification Number<br>C                                |
| City TALLAHASSEE   | State FL   | Zip Code 32308  |
| Purpose of Disbursement<br>PRINTING  | Category/Type  |   |
| Candidate Name   | Amount of Each Disbursement this Period<br>1675.39   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   | Transaction ID : SB17.I3136  |   |
|  |  | <input type="checkbox"/> Memo Item                            |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. WINRED TECHNICAL SERVICES LLC</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2022 |
| Mailing Address 1776 WILSON BLVD STE 530   |  | FEC Identification Number<br>C                                |
| City ARLINGTON   | State VA   | Zip Code 22209  |
| Purpose of Disbursement<br>CONDUIT PROCESSING FEE  | Category/Type  |   |
| Candidate Name   | Amount of Each Disbursement this Period<br>206.99  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   | Transaction ID : SB17.I3138  |   |
|  |  | <input type="checkbox"/> Memo Item                            |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FIRST VIRGINIA COMMUNITY BANK</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 01 / 2022 |
| Mailing Address 11325 RANDOM HILLS RD, STE 240   |  | FEC Identification Number<br>C                                |
| City FAIRFAX   | State VA   | Zip Code 22030  |
| Purpose of Disbursement<br>BANK FEE  | Category/Type  |   |
| Candidate Name   | Amount of Each Disbursement this Period<br>52.82   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   | Transaction ID : SB17.I3140  |   |
|  |  | <input type="checkbox"/> Memo Item                            |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1935.20 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 53 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GLOBAL SERVICE</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 02 / 2022 |
| Mailing Address 10705 RED RUN BLVD  |  | FEC Identification Number<br>C                                |
| City<br>ROCKVILLE   | State<br>MD  | Zip Code<br>20855   |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   |  | Amount of Each Disbursement this Period<br>118.54             |
| Candidate Name  |  | Transaction ID : SB17.I3141                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CHECK FRAUD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |
| Mailing Address P.O. BOX 16088  |  | FEC Identification Number<br>C                                |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32406   |
| Purpose of Disbursement<br>CHECK FRAUD  |  | Amount of Each Disbursement this Period<br>10855.00           |
| Candidate Name  |  | Transaction ID : SB17.I3142                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. INTEGRAM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |
| Mailing Address 22695 COMMERCE CENTER COURT   |  | FEC Identification Number<br>C                                |
| City<br>DULLES  | State<br>VA  | Zip Code<br>20166   |
| Purpose of Disbursement<br>POSTAGE  |  | Amount of Each Disbursement this Period<br>2133.18            |
| Candidate Name  |  | Transaction ID : SB17.I3143                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 13106.72 |
| <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:<br>(check only one)          |                                    | PAGE 54 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MCLAUGHLIN &amp; ASSOCIATES, INC.</b>                                    |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |  |
| Mailing Address 566 SOUTH ROUTE 303   |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>BLAUVELT  | State<br>NY  | Zip Code<br>10913                  | Amount of Each Disbursement this Period<br>10500.00           |  |
| Purpose of Disbursement<br>SURVEY RESEARCH  |  | Category/Type                      | Transaction ID : SB17.I3144                                   |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NOVA LIST</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |  |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300  |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>ASHBURN   | State<br>VA  | Zip Code<br>20147                  | Amount of Each Disbursement this Period<br>348.00             |  |
| Purpose of Disbursement<br>LIST RENTAL  |  | Category/Type                      | Transaction ID : SB17.I3145                                   |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PLANET DIRECT MAIL</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |  |
| Mailing Address 11050 CHALLENGER COURT  |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>MANASSAS  | State<br>VA  | Zip Code<br>20109                  | Amount of Each Disbursement this Period<br>2579.21            |  |
| Purpose of Disbursement<br>POSTAGE  |  | Category/Type                      | Transaction ID : SB17.I3146                                   |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 13427.21 |
| <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:<br>(check only one)  | PAGE 55 OF 94 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SUNRISE DATA SERVICES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300  |  | FEC Identification Number<br>C                                |
| City ASHBURN  | State VA   | Zip Code 20147  |
| Purpose of Disbursement<br>DATABASE SERVICES  |  | Amount of Each Disbursement this Period<br>327.50             |
| Candidate Name  |  | Transaction ID : SB17.I3147                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. WASHINGTON INTELLIGENCE BUREAU</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2022 |
| Mailing Address 4128 PEPSI PLACE  |  | FEC Identification Number<br>C                                |
| City CHANTILLY  | State VA   | Zip Code 20151  |
| Purpose of Disbursement<br>DATABASE SERVICES  |  | Amount of Each Disbursement this Period<br>1044.54            |
| Candidate Name  |  | Transaction ID : SB17.I3148                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VISA</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |
| Mailing Address P.O. BOX 30131  |  | FEC Identification Number<br>C                                |
| City TAMPA  | State FL   | Zip Code 33630  |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT  |  | Amount of Each Disbursement this Period<br>2358.68            |
| Candidate Name  |  | Transaction ID : SB17.I3149                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3730.72 |
| <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 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CIRCLE K</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |
| Mailing Address 1130 W WARNER RD  |  | FEC Identification Number<br>C                                |
| City<br>TEMPE   | State<br>AZ  | Zip Code<br>85284   |
| Purpose of Disbursement<br>TRAVEL   | Category/Type  |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>436.87  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I3186                                   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DEALS FAMOUS OYSTER HOUSE</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |
| Mailing Address 2571 US-98  |  | FEC Identification Number<br>C                                |
| City<br>PERRY   | State<br>FL  | Zip Code<br>32348   |
| Purpose of Disbursement<br>FOOD/BEVERAGE  | Category/Type  |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>14.04   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I3178                                   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FEDEX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |
| Mailing Address 3610 HACKS CROSS ROAD   |  | FEC Identification Number<br>C                                |
| City<br>MEMPHIS   | State<br>TN  | Zip Code<br>38125   |
| Purpose of Disbursement<br>DELIVERY   | Category/Type  |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>200.85  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I3175                                   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <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:<br>(check only one)          | PAGE 57 OF 94                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. HARRISONS</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |  |
| Mailing Address 5 HARRISON AVE  |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32401                             | Amount of Each Disbursement this Period<br>190.52             |  |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/Type                                 | Transaction ID : SB17.I3179                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HOLIDAY INN</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |  |
| Mailing Address 213 SW COMMERCE DR.   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>LAKE CITY   | State<br>FL  | Zip Code<br>32025                             | Amount of Each Disbursement this Period<br>163.52             |  |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type                                 | Transaction ID : SB17.I3188                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HOME DEPOT</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |  |
| Mailing Address 409 E 23RD STREET   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32405                             | Amount of Each Disbursement this Period<br>69.79              |  |  |
| Purpose of Disbursement<br>OFFICE SUPPLIES  |  | Category/Type                                 | Transaction ID : SB17.I3182                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <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:<br>(check only one)          |                                    | PAGE 58 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LYNNS QUALITY OYSTERS</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |
| Mailing Address 402 US-98   |  |   | FEC Identification Number<br>C                                |  |
| City<br>EASTPOINT   | State<br>FL  | Zip Code<br>32328                             | Amount of Each Disbursement this Period<br>149.83             |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/Type                                 | Transaction ID : SB17.I3180                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARATHON</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |
| Mailing Address 2410 S BYRON BUTLER PKWY  |  |   | FEC Identification Number<br>C                                |  |
| City<br>PERRY   | State<br>FL  | Zip Code<br>32348                             | Amount of Each Disbursement this Period<br>110.94             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type                                 | Transaction ID : SB17.I3189                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. OLD FLORIDA FISH HOUSE</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |
| Mailing Address 33 HERON'S WATCH WAY  |  |   | FEC Identification Number<br>C                                |  |
| City<br>SANTA ROSA BEACH  | State<br>FL  | Zip Code<br>32459                             | Amount of Each Disbursement this Period<br>201.60             |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/Type                                 | Transaction ID : SB17.I3181                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <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:<br>(check only one)          |                                    | PAGE 59 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROCKY'S WAKULLA</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |
| Mailing Address 3192 COASTAL HWY  |  |   | FEC Identification Number<br>C                                |  |
| City<br>CRAWFORDVILLE   | State<br>FL  | Zip Code<br>32327                             | Amount of Each Disbursement this Period<br>93.41              |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3190                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. TAKE 5</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |
| Mailing Address 2401 B FL-77  |  |   | FEC Identification Number<br>C                                |  |
| City<br>LYNN HAVEN  | State<br>FL  | Zip Code<br>32444                             | Amount of Each Disbursement this Period<br>122.52             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3191                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WEST END QUICK PIC</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2022 |  |
| Mailing Address 19937 CENTRAL AVE   |  |   | FEC Identification Number<br>C                                |  |
| City<br>BLOUNTSTOWN   | State<br>FL  | Zip Code<br>32424                             | Amount of Each Disbursement this Period<br>192.49             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3192                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 60 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. COURTNEY, LEAH, , ,</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 220 CENTURY PLACE<br>APT 3319   |  |                   | FEC Identification Number<br>C                                |  |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22304 | Amount of Each Disbursement this Period<br>500.00             |  |
| Purpose of Disbursement<br>COMMUNICATIONS CONSULTING  |  |                   | Transaction ID : SB17.I3151                                   |  |
| Candidate Name  |  |                   | <input type="checkbox"/> Memo Item                            |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. VISA</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address P.O. BOX 30131  |  |                   | FEC Identification Number<br>C                                |  |
| City<br>TAMPA   | State<br>FL  | Zip Code<br>33630 | Amount of Each Disbursement this Period<br>8327.17            |  |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT  |  |                   | Transaction ID : SB17.I3150                                   |  |
| Candidate Name  |  |                   | <input type="checkbox"/> Memo Item                            |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AT&amp;T WIRELESS</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address P.O. BOX 6416   |  |                   | FEC Identification Number<br>C                                |  |
| City<br>CAROL STREAM  | State<br>IL  | Zip Code<br>60197 | Amount of Each Disbursement this Period<br>91.61              |  |
| Purpose of Disbursement<br>PHONE SERVICE  |  |                   | Transaction ID : SB17.I3203                                   |  |
| Candidate Name  |  |                   | <input checked="" type="checkbox"/> Memo Item                 |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |
| State: District:  |  |                   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 8827.17 |
| <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:<br>(check only one)  | PAGE 61 OF 94 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CAPITOL HILL CLUB</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |  |
| Mailing Address 300 FIRST STREET SE   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003                             | Amount of Each Disbursement this Period<br>340.50             |  |  |
| Purpose of Disbursement<br>CATERING/FACILITY RENTAL   |  | Category/<br>Type                             | Transaction ID : SB17.I3193                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DOUBLETREE HOTELS</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |  |
| Mailing Address 7930 JONES BRANCH DRIVE   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22102                             | Amount of Each Disbursement this Period<br>124.88             |  |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3208                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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| Full Name (Last, First, Middle Initial)<br><b>C. ECB PUBLISHING INC</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |  |
| Mailing Address 180 W WASHINGTON ST   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>MONTICELLO  | State<br>FL  | Zip Code<br>32344                             | Amount of Each Disbursement this Period<br>292.50             |  |  |
| Purpose of Disbursement<br>MEDIA  |  | Category/<br>Type                             | Transaction ID : SB17.I3202                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 62 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EXXON</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 2720 S GLEBE ROAD   |  |   | FEC Identification Number<br>C                                |  |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22206                             | Amount of Each Disbursement this Period<br>210.20             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type                                 | Transaction ID : SB17.I3209                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FASTSIGNS</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 1920 N MONROE ST  |  |   | FEC Identification Number<br>C                                |  |
| City<br>TALLAHASSEE   | State<br>FL  | Zip Code<br>32303                             | Amount of Each Disbursement this Period<br>5039.07            |  |
| Purpose of Disbursement<br>PRINTING   |  | Category/Type                                 | Transaction ID : SB17.I3206                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. IL LUSSO</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 201 E PARK AVE #100   |  |   | FEC Identification Number<br>C                                |  |
| City<br>TALLAHASSEE   | State<br>FL  | Zip Code<br>32301                             | Amount of Each Disbursement this Period<br>296.18             |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/Type                                 | Transaction ID : SB17.I3196                                   |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <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 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARATHON</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 2410 S BYRON BUTLER PKWY  |  |   | FEC Identification Number<br>C                                |  |
| City<br>PERRY   | State<br>FL  | Zip Code<br>32348                             | Amount of Each Disbursement this Period<br>113.98             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type                                 | Transaction ID : SB17.I3211                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROCKY'S WAKULLA</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 3192 COASTAL HWY  |  |   | FEC Identification Number<br>C                                |  |
| City<br>CRAWFORDVILLE   | State<br>FL  | Zip Code<br>32327                             | Amount of Each Disbursement this Period<br>80.03              |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type                                 | Transaction ID : SB17.I3213                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SHELL OIL</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 1703 MAHAN DRIVE  |  |   | FEC Identification Number<br>C                                |  |
| City<br>TALLAHASSEE   | State<br>FL  | Zip Code<br>32308                             | Amount of Each Disbursement this Period<br>189.20             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type                                 | Transaction ID : SB17.I3214                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |      |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 64 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. VERIZON</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address P.O. BOX 4001   |  |   | FEC Identification Number<br>C                                |  |
| City<br>ACWORTH   | State<br>GA  | Zip Code<br>30101                             | Amount of Each Disbursement this Period<br>236.64             |  |
| Purpose of Disbursement<br>PHONE SERVICE  |  | Category/<br>Type                             | Transaction ID : SB17.I3204                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WYNDHAM HOTEL</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2022 |  |
| Mailing Address 22 SYLVAN WAY   |  |   | FEC Identification Number<br>C                                |  |
| City<br>PARSIPPANY  | State<br>NJ  | Zip Code<br>07054                             | Amount of Each Disbursement this Period<br>233.55             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3216                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DEMOCRACY ENGINE LLC</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 08 / 2022 |  |
| Mailing Address 416 FLORIDA AVE NW #26418   |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20001                  | Amount of Each Disbursement this Period<br>5.00               |  |
| Purpose of Disbursement<br>CONDUIT PROCESSING FEE   |  | Category/<br>Type                  | Transaction ID : SB17.I3152                                   |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 5.00 |
| <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:<br>(check only one)  | PAGE 65 OF 94 |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a <input type="checkbox"/> 18<br><input type="checkbox"/> 20b <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |               |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. HOFFMAN, LANDON, , ,</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |  |
| Mailing Address PO BOX 16088  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32406                  | Amount of Each Disbursement this Period<br>1800.00            |  |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING  |  | Category/<br>Type                  | Transaction ID : SB17.I3158                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CHASE</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |  |
| Mailing Address P.O. BOX 6294   |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>CAROL STREAM  | State<br>IL  | Zip Code<br>60197                  | Amount of Each Disbursement this Period<br>1174.65            |  |  |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT  |  | Category/<br>Type                  | Transaction ID : SB17.I3153                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HAMPTON INN</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |  |
| Mailing Address 7930 JONES BRANCH DR.   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22102                             | Amount of Each Disbursement this Period<br>778.51             |  |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3222                                   |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 2974.65 |
| <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:<br>(check only one)          |                                    | PAGE 66 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CREATIVE DIRECT LLC</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |
| Mailing Address 1402 BELLEVILLE ST  |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>RICHMOND  | State<br>VA  | Zip Code<br>23230                  | Amount of Each Disbursement this Period<br>3351.18            |  |
| Purpose of Disbursement<br>PRINTING   |  | Category/Type                      | Transaction ID : SB17.I3154                                   |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CROSBY OTTENHOFF GROUP</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |
| Mailing Address 611 PENNSYLVANIA AVE SE #267  |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003                  | Amount of Each Disbursement this Period<br>4551.01            |  |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING / DELIVERY   |  | Category/Type                      | Transaction ID : SB17.I3155                                   |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. VISA</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |
| Mailing Address P.O. BOX 30131  |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>TAMPA   | State<br>FL  | Zip Code<br>33630                  | Amount of Each Disbursement this Period<br>2493.27            |  |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT  |  | Category/Type                      | Transaction ID : SB17.I3156                                   |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 10395.46 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 67 OF 94                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DAT CAJUN PLACE CAFE</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |
| Mailing Address 2705 THOMAS DR.   |  |   | FEC Identification Number<br>C                                |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32408                             | Amount of Each Disbursement this Period<br>411.56             |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/<br>Type                             | Transaction ID : SB17.I3223                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HAMPTON INN</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |
| Mailing Address 7930 JONES BRANCH DR.   |  |   | FEC Identification Number<br>C                                |  |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22102                             | Amount of Each Disbursement this Period<br>234.08             |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type                             | Transaction ID : SB17.I3222                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HARRISONS</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |  |
| Mailing Address 5 HARRISON AVE  |  |   | FEC Identification Number<br>C                                |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32401                             | Amount of Each Disbursement this Period<br>321.92             |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/<br>Type                             | Transaction ID : SB17.I3224                                   |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00 |
| <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:<br>(check only one)          | PAGE 68 OF 94                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. THE GIBSON INN</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |
| Mailing Address 51 AVE C  |  | FEC Identification Number<br>C                                |
| City<br>APALACHICOLA  | State<br>FL  | Zip Code<br>32320   |
| Purpose of Disbursement<br>TRAVEL   | Category/<br>Type  |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>790.02  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I3234                                   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. VERIZON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |
| Mailing Address P.O. BOX 4001   |  | FEC Identification Number<br>C                                |
| City<br>ACWORTH   | State<br>GA  | Zip Code<br>30101   |
| Purpose of Disbursement<br>PHONE SERVICE  | Category/<br>Type  |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>236.32  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I3229                                   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. WASHINGTON INTELLIGENCE BUREAU</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2022 |
| Mailing Address 4128 PEPSI PLACE  |  | FEC Identification Number<br>C                                |
| City<br>CHANTILLY   | State<br>VA  | Zip Code<br>20151   |
| Purpose of Disbursement<br>DATABASE SERVICES  | Category/<br>Type  |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>1196.66   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I3157                                   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1196.66 |
| <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:<br>(check only one)  | PAGE 69 OF 94 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a <input type="checkbox"/> 18<br><input type="checkbox"/> 20b <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BOGGS, BETHANY, , ,</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 11 / 2022 |  |  |
| Mailing Address 1809 BOWMAN LN  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>LYNN HAVEN  | State<br>FL  | Zip Code<br>32444                  | Amount of Each Disbursement this Period<br>1000.00            |  |  |
| Purpose of Disbursement<br>GENERAL CAMPAIGN CONSULTING  |  | Category/<br>Type                  | Transaction ID : SB17.I3159                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. COURTNEY, LEAH, , ,</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 11 / 2022 |  |  |
| Mailing Address 220 CENTURY PLACE<br>APT 3319   |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22304                  | Amount of Each Disbursement this Period<br>2500.00            |  |  |
| Purpose of Disbursement<br>COMMUNICATIONS CONSULTING  |  | Category/<br>Type                  | Transaction ID : SB17.I3160                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HOFFMAN, LANDON, , ,</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 11 / 2022 |  |  |
| Mailing Address PO BOX 16088  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32406                  | Amount of Each Disbursement this Period<br>10000.00           |  |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING  |  | Category/<br>Type                  | Transaction ID : SB17.I3161                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 13500.00 |
| <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:<br>(check only one)  | PAGE 70 OF 94 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KENDRICK, WILL, , ,</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 11 / 2022 |  |  |
| Mailing Address PO BOX 16088  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>PANAMA CITY   | State<br>FL  | Zip Code<br>32406                  | Amount of Each Disbursement this Period<br>5000.00            |  |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING  |  | Category/<br>Type                  | Transaction ID : SB17.I3162                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MYHILL, MEGHAN, C, ,</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 16 / 2022 |  |  |
| Mailing Address 1505 CHINNAPAKIN NENE<br>APT. 2121  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>TALLAHASSEE   | State<br>FL  | Zip Code<br>32301                  | Amount of Each Disbursement this Period<br>500.00             |  |  |
| Purpose of Disbursement<br>GENERAL CAMPAIGN CONSULTING  |  | Category/<br>Type                  | Transaction ID : SB17.I3163                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. INTEGRAM</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 17 / 2022 |  |  |
| Mailing Address 22695 COMMERCE CENTER COURT   |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>DULLES  | State<br>VA  | Zip Code<br>20166                  | Amount of Each Disbursement this Period<br>1329.64            |  |  |
| Purpose of Disbursement<br>POSTAGE  |  | Category/<br>Type                  | Transaction ID : SB17.I3165                                   |  |  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6829.64 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 71 OF 94 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 22 / 2022 |
| Mailing Address 1593 SPRING HILL ROAD STE 400   |  | FEC Identification Number<br>C                                |
| City VIENNA   | State VA   | Zip Code 22182  |
| Purpose of Disbursement<br>DATABASE SERVICES  |  | Amount of Each Disbursement this Period<br>798.00             |
| Candidate Name  |  | Transaction ID : SB17.I3167                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FULFILLMENT SOLUTIONS INC.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 23 / 2022 |
| Mailing Address 44970 FALCON PLACE SUITE 400  |  | FEC Identification Number<br>C                                |
| City STERLING   | State VA   | Zip Code 20166  |
| Purpose of Disbursement<br>PRINTING   |  | Amount of Each Disbursement this Period<br>2693.82            |
| Candidate Name  |  | Transaction ID : SB17.I3168                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. BOGGS, BETHANY, , ,</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |
| Mailing Address 1809 BOWMAN LN  |  | FEC Identification Number<br>C                                |
| City LYNN HAVEN   | State FL   | Zip Code 32444  |
| Purpose of Disbursement<br>TRAVEL   |  | Amount of Each Disbursement this Period<br>209.85             |
| Candidate Name  |  | Transaction ID : SB17.I3173                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3701.67 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 72 OF 94                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BOGGS, BETHANY, , ,</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 1809 BOWMAN LN  |  |                   | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>LYNN HAVEN  | State<br>FL  | Zip Code<br>32444 |   |  |  |
| Purpose of Disbursement<br>GENERAL CAMPAIGN CONSULTING  |  |                   | Transaction ID : <b>SB17.I3174</b>                            |  |  |
| Candidate Name  |  |                   | <input type="checkbox"/> Memo Item                            |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FP1 STRATEGIES, LLC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 3001 WASHINGTON BLVD.<br>7TH FLOOR  |  |                   | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22201 |   |  |  |
| Purpose of Disbursement<br>MEDIA PRODUCTION   |  |                   | Transaction ID : <b>SB17.I3169</b>                            |  |  |
| Candidate Name  |  |                   | <input type="checkbox"/> Memo Item                            |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KEY &amp; ASSOCIATES</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 12176 CHANCERY STATION CIRCLE   |  |                   | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>RESTON  | State<br>VA  | Zip Code<br>20190 |   |  |  |
| Purpose of Disbursement<br>CATERING/FACILITY RENTAL/OFFICE SUPPLIES/WEB<br>_SERVICE/POSTAGE/TRAVEL/PRINTING               |  |                   | Transaction ID : <b>SB17.I3170</b>                            |  |  |
| Candidate Name  |  |                   | <input type="checkbox"/> Memo Item                            |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 23340.95 |
| <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:<br>(check only one)  | PAGE 73 OF 94 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |  |                             |   |  |  |
|--|--|-----------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PROSEQUENCE LLC</b>   |  |                             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address P.O. BOX 10666   |  |                             |   |  |  |
| City<br>TALLAHASSEE  | State<br>FL  | Zip Code<br>32302           | FEC Identification Number<br>C                                |  |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING   |  | Category/<br>Type           | Amount of Each Disbursement this Period<br>3000.00            |  |  |
| Candidate Name   |  | Transaction ID : SB17.I3171 |   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                             | <input type="checkbox"/> Memo Item                            |  |  |
| State:   | District:  |                             |   |  |  |

|  |  |                             |   |  |  |
|--|--|-----------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WINRED TECHNICAL SERVICES LLC</b>                                     |  |                             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 1776 WILSON BLVD<br>STE 530  |  |                             |   |  |  |
| City<br>ARLINGTON  | State<br>VA  | Zip Code<br>22209           | FEC Identification Number<br>C                                |  |  |
| Purpose of Disbursement<br>CONDUIT PROCESSING FEE  |  | Category/<br>Type           | Amount of Each Disbursement this Period<br>704.86             |  |  |
| Candidate Name   |  | Transaction ID : SB17.I3172 |   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                             | <input type="checkbox"/> Memo Item                            |  |  |
| State:   | District:  |                             |   |  |  |

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

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3704.86   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 369039.91 |

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

|   |  |               |  |  |  |
|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 74 OF 94 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. HIPPI, VAN, D., , JR.</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2022 |  |  |
| Mailing Address 809 N QUAKER LANE   |  |                        | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22302-3416 |   |  |  |
| Purpose of Disbursement<br>REFUND OF CONTRIBUTION   |  |                        | Transaction ID : <b>SB20A.I3239</b>                           |  |  |
| Candidate Name  |  |                        | <input type="checkbox"/> Memo Item                            |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |  |
| State: District:  |  |                        |   |  |  |

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UTLEY, DEREK, , ,</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 21 / 2022 |  |  |
| Mailing Address 499 EVERNIA STREET APT 603  |  |                        | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>WEST PALM BEACH   | State<br>FL  | Zip Code<br>33401-5465 |   |  |  |
| Purpose of Disbursement<br>REFUND OF CONTRIBUTION   |  |                        | Transaction ID : <b>SB20A.I3236</b>                           |  |  |
| Candidate Name  |  |                        | <input type="checkbox"/> Memo Item                            |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |  |
| State: District:  |  |                        |   |  |  |

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BARRETT, TYLER, , ,</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 1700 WEST MAIN ST, SUITE 500  |  |                        | FEC Identification Number<br><b>C</b>                         |  |  |
| City<br>PENSACOLA   | State<br>FL  | Zip Code<br>32502-5370 |   |  |  |
| Purpose of Disbursement<br>REFUND OF CONTRIBUTION   |  |                        | Transaction ID : <b>SB20A.I3237</b>                           |  |  |
| Candidate Name  |  |                        | <input type="checkbox"/> Memo Item                            |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |  |
| State: District:  |  |                        |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6600.00 |
| <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:<br>(check only one)   | PAGE 75 OF 94 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BARRETT, TYLER, , ,</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 1700 WEST MAIN ST, SUITE 500  |  |                        |   |  |  |
| City<br>PENSACOLA   | State<br>FL  | Zip Code<br>32502-5370 | FEC Identification Number<br>C                                |  |  |
| Purpose of Disbursement<br>REFUND OF CONTRIBUTION   |  |                        | Amount of Each Disbursement this Period<br>5000.00            |  |  |
| Candidate Name  |  |                        | Transaction ID : SB20A.I3238                                  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Memo Item <input type="checkbox"/>                            |  |  |
| State: District:  |  |                        |   |  |  |

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BARRETT, TYLER, , ,</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 1700 WEST MAIN ST, SUITE 500  |  |                        |   |  |  |
| City<br>PENSACOLA   | State<br>FL  | Zip Code<br>32502-5370 | FEC Identification Number<br>C                                |  |  |
| Purpose of Disbursement<br>REFUND OF CONTRIBUTION   |  |                        | Amount of Each Disbursement this Period<br>2100.00            |  |  |
| Candidate Name  |  |                        | Transaction ID : SB20A.I3241                                  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Memo Item <input type="checkbox"/>                            |  |  |
| State: District:  |  |                        |   |  |  |

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MEJIA, HECTOR, M., ,</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2022 |  |  |
| Mailing Address 3334 CAPITAL MEDICAL BLVD<br>SUITE 400  |  |                        |   |  |  |
| City<br>TALLAHASSEE   | State<br>FL  | Zip Code<br>32308-4470 | FEC Identification Number<br>C                                |  |  |
| Purpose of Disbursement<br>REFUND OF CONTRIBUTION   |  |                        | Amount of Each Disbursement this Period<br>570.00             |  |  |
| Candidate Name  |  |                        | Transaction ID : SB20A.I3240                                  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        | Memo Item <input type="checkbox"/>                            |  |  |
| State: District:  |  |                        |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 7670.00 |
| <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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial)  
**A. CONTINENTAL PACIFIC, LLC**

Mailing Address P.O. BOX 1350

City SANTA ROSA BEACH State FL Zip Code 32459-1350

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 28 / 2022

FEC Identification Number  
C

Amount of Each Disbursement this Period  
694.06

Transaction ID : SB20A.I3242

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 694.06   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 14964.06 |

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD123.3256.5**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2016<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                      |  |   |
|--------------------------------------|--|---|
| Original Amount of Loan<br>155000.00 | Cumulative Payment To Date<br>41150.00 | Balance Outstanding at Close of This Period<br>58850.00 |
|--------------------------------------|--|---|

|              |                                       |                                |  |   |
|--------------|---------------------------------------|--------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 08 / D 05 / Y 2016 | Date Due<br>M M / D D / Y NONE | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

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

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

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 58850.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |          |

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD12365.3256**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2016<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>50000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>50000.00 |
|-------------------------------------|------------------------------------|---|

|              |                                       |                                |  |   |
|--------------|---------------------------------------|--------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 08 / D 18 / Y 2016 | Date Due<br>M M / D D / Y NONE | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

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

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

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 50000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |          |

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD1235.365**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2016<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>50000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>50000.00 |
|-------------------------------------|------------------------------------|---|

|              |                                       |                                |  |   |
|--------------|---------------------------------------|--------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 08 / D 23 / Y 2016 | Date Due<br>M M / D D / Y NONE | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

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

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

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 50000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | [ ]      |

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD1235.3526**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2016<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>50000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>50000.00 |
|-------------------------------------|------------------------------------|---|

|              |                                       |                                |  |   |
|--------------|---------------------------------------|--------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 08 / D 26 / Y 2016 | Date Due<br>M M / D D / Y NONE | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

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

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

|   |              |
|---|--------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | [ ] 50000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | [ ]          |

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



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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265.36523.32**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2016<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>30000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>30000.00 |
|-------------------------------------|------------------------------------|---|

|              |                                       |                           |  |   |
|--------------|---------------------------------------|---------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 10 / D 04 / Y 2016 | Date Due<br>M / D / Y N/A | Interest Rate (If none, enter 0)<br>NONE % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------|--|---|

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

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

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 30000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |          |

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265.36523.33**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2016<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>54000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>54000.00 |
|-------------------------------------|------------------------------------|---|

|              |                                       |                           |  |   |
|--------------|---------------------------------------|---------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 12 / D 14 / Y 2016 | Date Due<br>M / D / Y N/A | Interest Rate (If none, enter 0)<br>NONE % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------|--|---|

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

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

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 54000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |          |

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265.36523.34**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>DUNN, NEAL, PATRICK, , |             | <input type="checkbox"/> Memo Item | Election: 2018<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>PO BOX 16088  |             |                                    |   |
| City<br>PANAMA CITY  | State<br>FL | ZIP Code<br>32406                  | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan<br>4000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>4000.00 |
|------------------------------------|------------------------------------|--|

|              |                                       |                           |  |   |
|--------------|---------------------------------------|---------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 12 / D 14 / Y 2016 | Date Due<br>M / D / Y N/A | Interest Rate (If none, enter 0)<br>NONE % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------|--|---|

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

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

|   |           |
|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 4000.00   |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | 296850.00 |

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>DONOR BUREAU, LLC</b> |             |                   | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 1900 N CULPEPPER ST  |             |                   |  |
| City<br>ARLINGTON  | State<br>VA | Zip Code<br>22207 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : SD10.1     |   |
| Amount Incurred This Period<br>154.79             | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>154.79 |

|   |             |                   |   |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>HSP DIRECT LLC</b> |             |                   | Nature of Debt (Purpose):<br>DIRECT MAIL CONSULTING |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300                                     |             |                   |   |
| City<br>ASHBURN   | State<br>VA | Zip Code<br>20147 |   |

|  |                             |  |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>1500.00 | Transaction ID : SD10.2     |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>1500.00 |

|   |             |                   |   |
|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>HSP DIRECT LLC</b> |             |                   | Nature of Debt (Purpose):<br>DIRECT MAIL CONSULTING |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300                                     |             |                   |   |
| City<br>ASHBURN   | State<br>VA | Zip Code<br>20147 |   |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>437.75 | Transaction ID : SD10.3     |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>437.75 |

|  |   |         |
|--|---|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 2092.54 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |         |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |         |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|   |             |                   |   |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>HSP DIRECT LLC</b> |             |                   | Nature of Debt (Purpose):<br>DIRECT MAIL CONSULTING |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                                  |             |                   |   |
| City<br>ASHBURN   | State<br>VA | Zip Code<br>20147 |   |

|  |  |   |
|--|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : SD10.4</b>                           |   |
| Amount Incurred This Period<br><input type="text" value="1500.00"/>            | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1500.00"/> |

|   |             |                   |   |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>HSP DIRECT LLC</b> |             |                   | Nature of Debt (Purpose):<br>DIRECT MAIL CONSULTING |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                                  |             |                   |   |
| City<br>ASHBURN   | State<br>VA | Zip Code<br>20147 |   |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : SD10.5</b>                           |  |
| Amount Incurred This Period<br><input type="text" value="464.00"/>             | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="464.00"/> |

|   |             |                   |                                      |
|---|-------------|-------------------|--------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>INTEGRAM</b> |             |                   | Nature of Debt (Purpose):<br>POSTAGE |
| Mailing Address 22695 COMMECE CENTER COURT  |             |                   |                                      |
| City<br>DULLES  | State<br>VA | Zip Code<br>20166 |                                      |

|   |   |  |
|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1068.37"/> | <b>Transaction ID : SD10.6</b>                              |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="1068.37"/> | Outstanding Balance at Close of This Period<br><input type="text" value="0.00"/> |

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="1964.00"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text"/>                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | <input type="text"/>                 |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text"/>                 |

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 86 OF 94   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

**FRIENDS OF NEAL DUNN**

|   |             |                   |                                      |
|---|-------------|-------------------|--------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>INTEGRAM</b> |             |                   | Nature of Debt (Purpose):<br>POSTAGE |
| Mailing Address 22695 COMMECE CENTER COURT  |             |                   |                                      |
| City<br>DULLES  | State<br>VA | Zip Code<br>20166 |                                      |

|  |                                |   |
|--|--------------------------------|---|
| Outstanding Balance Beginning This Period<br>1064.81 | Transaction ID : SD10.7        |   |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>1064.81 | Outstanding Balance at Close of This Period<br>0.00 |

|   |             |                   |                                      |
|---|-------------|-------------------|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>INTEGRAM</b> |             |                   | Nature of Debt (Purpose):<br>POSTAGE |
| Mailing Address 22695 COMMECE CENTER COURT  |             |                   |                                      |
| City<br>DULLES  | State<br>VA | Zip Code<br>20166 |                                      |

|   |                             |  |
|---|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : SD10.8     |  |
| Amount Incurred This Period<br>1182.93            | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>1182.93 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>250.06 | Transaction ID : SD10.9     |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>250.06 |

|  |   |         |
|--|---|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 1432.99 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |         |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |         |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>250.54 | Transaction ID : SD10.10    |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>250.54 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                               |   |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period<br>136.99 | Transaction ID : SD10.11      |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>136.99 | Outstanding Balance at Close of This Period<br>0.00 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                               |   |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period<br>211.01 | Transaction ID : SD10.12      |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>211.01 | Outstanding Balance at Close of This Period<br>0.00 |

|  |   |        |
|--|---|--------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 250.54 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |        |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |        |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |        |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>420.00 | Transaction ID : SD10.13    |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>420.00 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|  |                             |  |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>87.50 | Transaction ID : SD10.14    |  |
| Amount Incurred This Period<br>0.00                | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>87.50 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|  |                             |  |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>78.48 | Transaction ID : SD10.15    |  |
| Amount Incurred This Period<br>0.00                | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>78.48 |

|  |   |        |
|--|---|--------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 585.98 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |        |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |        |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |        |



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : SD10.16    |   |
| Amount Incurred This Period<br>248.56             | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>248.56 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : SD10.17    |   |
| Amount Incurred This Period<br>225.73             | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>225.73 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : SD10.18    |   |
| Amount Incurred This Period<br>183.44             | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>183.44 |

|  |   |        |
|--|---|--------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 657.73 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |        |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |        |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |        |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                                 |   |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : SD10.19</b> |   |
| Amount Incurred This Period<br>375.10             | Payment This Period<br>0.00     | Outstanding Balance at Close of This Period<br>375.10 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                                 |  |
|---|---------------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : SD10.20</b> |  |
| Amount Incurred This Period<br>47.63              | Payment This Period<br>0.00     | Outstanding Balance at Close of This Period<br>47.63 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                                 |  |
|---|---------------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : SD10.21</b> |  |
| Amount Incurred This Period<br>48.35              | Payment This Period<br>0.00     | Outstanding Balance at Close of This Period<br>48.35 |

|  |   |        |
|--|---|--------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 471.08 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |        |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |        |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |        |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|  |  |   |  |
|--|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> |  | <b>Transaction ID : SD10.22</b>   |  |
| Amount Incurred This Period<br><input type="text" value="75.00"/>              | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="75.00"/> |  |

|  |             |                   |  |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NOVA LIST</b> |             |                   | Nature of Debt (Purpose):<br>LIST RENTAL |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300                             |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|  |  |   |  |
|--|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> |  | <b>Transaction ID : SD10.23</b>   |  |
| Amount Incurred This Period<br><input type="text" value="32.28"/>              | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="32.28"/> |  |

|   |             |                   |                                      |
|---|-------------|-------------------|--------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>PLANET DIRECT MAIL</b> |             |                   | Nature of Debt (Purpose):<br>POSTAGE |
| Mailing Address 11050 CHALLENGER COURT  |             |                   |                                      |
| City<br>MANASSAS  | State<br>VA | Zip Code<br>20109 |                                      |

|   |   |  |  |
|---|---|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="2579.21"/> |   | <b>Transaction ID : SD10.24</b>  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="2579.21"/> | Outstanding Balance at Close of This Period<br><input type="text" value="0.00"/> |  |

|  |                                     |
|--|-------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="107.28"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text"/>                |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | <input type="text"/>                |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text"/>                |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |             |  |
|--|-------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>SUNRISE DATA SERVICES</b> |             | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300   |             |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147                              |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="327.50"/> | <b>Transaction ID : SD10.25</b>                            |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="327.50"/> | Outstanding Balance at Close of This Period<br><input type="text" value="0.00"/> |

|  |             |  |
|--|-------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>SUNRISE DATA SERVICES</b> |             | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300   |             |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147                              |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="190.00"/> | <b>Transaction ID : SD10.26</b>                          |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="190.00"/> |

|  |             |  |
|--|-------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>SUNRISE DATA SERVICES</b> |             | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300   |             |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147                              |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="269.37"/> | <b>Transaction ID : SD10.27</b>                          |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="269.37"/> |

|  |                                     |
|--|-------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="459.37"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text"/>                |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | <input type="text"/>                |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text"/>                |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NEAL DUNN**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>SUNRISE DATA SERVICES</b> |             |                   | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300   |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                                 |   |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : SD10.28</b> |   |
| Amount Incurred This Period<br>166.85             | Payment This Period<br>0.00     | Outstanding Balance at Close of This Period<br>166.85 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>SUNRISE DATA SERVICES</b> |             |                   | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300   |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                                 |   |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : SD10.29</b> |   |
| Amount Incurred This Period<br>350.00             | Payment This Period<br>0.00     | Outstanding Balance at Close of This Period<br>350.00 |

|  |             |                   |  |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>SUNRISE DATA SERVICES</b> |             |                   | Nature of Debt (Purpose):<br>DATABASE SERVICES |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA<br>SUITE 300   |             |                   |  |
| City<br>ASHBURN  | State<br>VA | Zip Code<br>20147 |  |

|   |                                 |   |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : SD10.30</b> |   |
| Amount Incurred This Period<br>327.50             | Payment This Period<br>0.00     | Outstanding Balance at Close of This Period<br>327.50 |

|  |   |        |
|--|---|--------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 844.35 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |        |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | ▶ |        |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |        |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**FRIENDS OF NEAL DUNN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Nature of Debt (Purpose):  
 DATABASE SERVICES

Outstanding Balance Beginning This Period  Transaction ID : SD10.31

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

|  |  |
|--|--|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="0.00"/>      |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text" value="8865.86"/>   |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | <input type="text" value="296850.00"/> |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text" value="305715.86"/> |