

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Castor for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	96340.79	459382.13
(b) Total Contribution Refunds (from Line 20(d))	900.00	900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	95440.79	458482.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31659.71	161834.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	5.60	5700.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31654.11	156133.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	975398.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Castor for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29760.00	212703.34
(ii) Unitemized.....	1080.79	25928.79
(iii) TOTAL of contributions from individuals ▶	30840.79	238632.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	65500.00	220750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	96340.79	459382.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	5.60	5700.43
15. OTHER RECEIPTS (Dividends, Interest, etc.)	830.32	4278.75
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	97176.71	469361.31

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31659.71	161834.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	900.00	900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	900.00	900.00
21. OTHER DISBURSEMENTS	28000.00	90000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	60559.71	252734.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	938781.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	97176.71
25. SUBTOTAL (add Line 23 and Line 24).....	1035957.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60559.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	975398.20

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

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

FOR LINE NUMBER: PAGE 5 OF 55
(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)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
W. Michael Alberts

Mailing Address 16610 Sedona de Avila

City Tampa State FL Zip Code 33613

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

Name of Employer Moffitt Cancer Center Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081575

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2913 W Harbor View Ave

City Tampa State FL Zip Code 33611-1642

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

Name of Employer Alfonso Architects Occupation Architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7081637

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sam Badawi

Mailing Address 12834 N 56th St.

City Temple Terrace State FL Zip Code 33617

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

Name of Employer Sam Badawi, Esq, LLC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1515.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : C7076958

Amount of Each Receipt this Period
105.00

Memo Item

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

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

855.00

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

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

FOR LINE NUMBER: PAGE 6 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Sam Badawi

Mailing Address 12834 N 56th St.

City State Zip Code
Temple Terrace FL 33617

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

Name of Employer Occupation
Sam Badawi, Esq, LLC Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1515.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : C7077044

Amount of Each Receipt this Period
105.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Andrew E. Barnes

Mailing Address 15724 Puckett Rd

City State Zip Code
Dade City FL 33525-7066

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : C7076984

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jon Patrick Baskette

Mailing Address 10101 Lindelaan Drive

City State Zip Code
Tampa FL 33618

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

Name of Employer Occupation
Employee Family Protection Senior Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C7081570

Amount of Each Receipt this Period
250.00

Memo Item

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

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

855.00

**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 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Jeff Borysiewicz

Mailing Address 5737 Emerson Pointe Way

City State Zip Code
Orlando FL 32819-4089

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

Name of Employer Occupation
Corona Cigar Company Premium Cigar Retailer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : C7071393

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 9706 Hidden Cove Ct

City State Zip Code
Tampa FL 33618

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

Name of Employer Occupation
GulfShore Bank Chief Executive Officer, President and

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081569

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ronald A. Christaldi

Mailing Address 3321 W Carrington Street

City State Zip Code
Tampa FL 33629

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

Name of Employer Occupation
Schumaker, Loop & Kendrick Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081563

Amount of Each Receipt this Period
 1500.00

Memo Item

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

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

4250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Theodore J. Couch Sr.

Mailing Address 1717 East Fowler Avenue

City Tampa State FL Zip Code 33612

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

Name of Employer Couch Family Foudation Occupation Vice President - Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7081985

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 4529 W Rosemere Rd

City Tampa State FL Zip Code 33609-4209

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

Name of Employer Carlton Fields Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : C7077067

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
William Dalton

Mailing Address 6212 Bayshore Blvd Apt K

City Tampa State FL Zip Code 33611-5013

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

Name of Employer M2Gen Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081325

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3600.00

**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 55
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Helen W. De La Parte

Mailing Address 3409 W. Granada St.

City Tampa State FL Zip Code 33629

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C7081567

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
L. David de la Parte

Mailing Address 3019 Villa Rosa Park

City Tampa State FL Zip Code 33611

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

Name of Employer H Lee Moffitt Cancer Center Occupation Executive VP/Genl Cou

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C7081580

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John DeMuro

Mailing Address 4502 S. Hale Ave.

City Tampa State FL Zip Code 33611

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

Name of Employer Moffitt Cancer Center Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C7081576

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Dilling

Mailing Address 830 S Dakota Ave

City Tampa State FL Zip Code 33606-2800

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

Name of Employer Moffitt Cancer Center Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081517

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 107 Hampton Road #120

City Clearwater State FL Zip Code 33759

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

Name of Employer Provident Management Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7082812

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Julio Esquivel

Mailing Address 101 East Kennedy Blvd, Ste. 2800

City Tampa State FL Zip Code 33602

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

Name of Employer Shumaker, Loop & Kendrick Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081566

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Anna Giuliano

Mailing Address 5018 Wesley Dr

City Tampa State FL Zip Code 33647-1375

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

Name of Employer Moffitt Cancer Center Occupation Professor and Researcher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7081581

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1590 Gulf Blvd. #404

City Clearwater Beach State FL Zip Code 33767

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

Name of Employer Van Scoyoc Associates Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081583

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Benjamin H. Hill III

Mailing Address 5135 S Nichol St

City Tampa State FL Zip Code 33611

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

Name of Employer Hill Ward Henderson Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081571

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Beth A Houghton

Mailing Address 1219 Darlington Oak Cir NE

City State Zip Code
Saint Petersburg FL 33703

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

Name of Employer Occupation
St. Petersburg Free Clinic Nonprofit Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : C7076981

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Beth A Houghton

Mailing Address 1219 Darlington Oak Cir NE

City State Zip Code
Saint Petersburg FL 33703

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

Name of Employer Occupation
St. Petersburg Free Clinic Nonprofit Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2016

Transaction ID : C7080451

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles L. Hustead

Mailing Address 1323 Autumn Dr

City State Zip Code
Tampa FL 33613-2317

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

Name of Employer Occupation
Neuro Restorative CNA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : C7077002

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1050.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 55

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Lonni S. Kehoe

Mailing Address 3021 W Lawn Ave

City Tampa State FL Zip Code 33611-1648

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : C7077003

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 3105 W Fountain Blvd

City Tampa State FL Zip Code 33609

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

Name of Employer Moffitt Cancer Center Occupation Hospital Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081582

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Doug Letson

Mailing Address 450 Knights Run Ave
 Unit 701

City Tampa State FL Zip Code 33602-5799

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

Name of Employer Moffitt Cancer Center Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081327

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 55

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Alan List

Mailing Address 15706 Cochester Rd

City Tampa State FL Zip Code 33647

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

Name of Employer Moffitt Cancer Center Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081578

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
H. Lee Lee Moffitt

Mailing Address 3225 S. MacDill Avenue
 Suites 129-336

City Tampa State FL Zip Code 33629

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

Name of Employer Adams and Reese, LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081561

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Susan Perry

Mailing Address 8318 Golden Prairie Dr

City Tampa State FL Zip Code 33647-3241

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

Name of Employer USF College of Business Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7081577

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 55

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Nicholas Porter

Mailing Address 2926 W. Bay Vista Ave

City Tampa State FL Zip Code 33611

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

Name of Employer USF Moffitt Cancer Center Occupation Associate Center Director for Administ

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081573

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 2901 W Angeles St

City Tampa State FL Zip Code 33629-6001

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

Name of Employer Alltrust Insurance Occupation Insurance agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7081574

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jirair Ratevosian

Mailing Address 780 Saint Marys Ave

City San Leandro State CA Zip Code 94577-3050

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

Name of Employer Gilead Sciences Occupation Government Affairs Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : C7077460

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1000.00

**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 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Irvin Shapell

Mailing Address 26 Park Road

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
Cassidy, Cogan, Shapell & Voegelin, L. Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : C7080275

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 26 Park Road

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
Augusta Levy Learning Center Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : C7080276

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lorna Taylor

Mailing Address 416 Brightwaters Blvd NE

City State Zip Code
Saint Petersburg FL 33704-3712

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

Name of Employer Occupation
Premier Eye Care CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 06 2016

Transaction ID : C7055461

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 17 OF 55
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
John Tomlin

Mailing Address 180 Beach Drive NE, Unit 1901

City Saint Petersburg State FL Zip Code 33701

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

Name of Employer AAA Insurance Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081568

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y 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).....

250.00

29760.00

**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 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
ACP Services PAC

Mailing Address 25 Massachusetts Ave, NW
Suite 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00403881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : C7081326

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL AC

Mailing Address 1133 Connecticut Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00411553**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : C7081334

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK S

Mailing Address 1650 Diagonal Road

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00306449**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C7082811

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
American Association Of Nurse Anesthetists

Mailing Address 25 Massachusetts Ave NW
Ste 550

City Washington State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C7082808

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Association of Orthopaedic Surgeons PAC

Mailing Address 317 Massachusetts Avenue NE
1st Floor

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : C7077043

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN CABLE ASSOCIATION INC PAC (ACA PAC)

Mailing Address 875 GREENTREE ROAD
7 PARKWAY CENTER, SUITE 755

City PITTSBURGH State PA Zip Code 15220

FEC ID number of contributing federal political committee. **C** C00364109

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 13 / 2016

Transaction ID : C7070515

Amount of Each Receipt this Period
1000.00

Memo Item

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: (check only one)	PAGE 20 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
American College of Cardiology PAC

Mailing Address 2400 N NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C C00375360**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081333

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American College of Surgeons

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

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : C7080342

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OST

Mailing Address 1090 Vermont Ave. NW
Suite 510

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00113803**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081328

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
American Psychiatric Association PAC

Mailing Address 1000 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : C7080274

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Society Of Anesthesiologists

Mailing Address 520 North Northwest Highway

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : C7081330

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Covington & Burling LLP PAC

Mailing Address ONE CITYCENTER
850 TENTH STREET, NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00462630

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : C7080337

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 22 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE

Mailing Address 601 13TH ST NW SUITE 580 SOUTH

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : C7080338

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Florida Citrus Mutual PAC

Mailing Address PO Box 1809

City State Zip Code
Lakeland FL 33802

FEC ID number of contributing federal political committee. **C C00131607**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C7081562

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Fraternity and Sorority Political Action Committee

Mailing Address PO Box 3435

City State Zip Code
Alexandria VA 22302

FEC ID number of contributing federal political committee. **C C00410068**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : C7077040

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2016

Transaction ID : C7081336

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 4221 W BOY SCOUT BLVD SUITE 600

City TAMPA State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C C00567263**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2016

Transaction ID : C7080339

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 345 PARK AVENUE

City NEW YORK State NY Zip Code 10154

FEC ID number of contributing federal political committee. **C C00451153**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2016

Transaction ID : C7082809

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Holland & Knight

Mailing Address Jim Davis
PO Box 1288

City Tampa State FL Zip Code 33601

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : C7080272

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : C7076959

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marriott International, Inc. PAC

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C** C00284810

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : C7080273

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. McDonald's Political Action Committee

Full Name (Last, First, Middle Initial)
McDonald's Political Action Committee

Mailing Address 2111 McDonald's Drive

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081335

Amount of Each Receipt this Period
 1000.00

Memo Item

B. NAPEO PAC

Full Name (Last, First, Middle Initial)
NAPEO PAC

Mailing Address 707 NORTH ST. ASAPH STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00447284

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : C7080095

Amount of Each Receipt this Period
 1000.00

Memo Item

C. NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial)
NEA Fund for Children and Public Education

Mailing Address 1201 16th Street Northwest
Suite 420

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : C7077041

Amount of Each Receipt this Period
 4000.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
NEMPAC

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081332

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NEW CUBA PAC

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00572628

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7082810

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : C7081559

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

8500.00

**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 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 430 North Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7081976

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 1445 New York Avenue NW
Ste 800

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081329

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. ST. CLAIR ST.
24TH FLOOR

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C7081331

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Syniverse Technologies PAC

Mailing Address Jerry Eason
8125 Highwoods Palm Way

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C C00395186**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C7081584

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00364158**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C7081979

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
The Mosaic Company PAC

Mailing Address 3033 Campus Drive
Suite E490

City Plymouth State MN Zip Code 55441

FEC ID number of contributing federal political committee. **C C00455766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : C7076980

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
TRINET GROUP INC POLITICAL ACTION COMMITTEE

Mailing Address 1100 SAN LEANDRO BLVD
SUITE 400

City SAN LEANDRO State CA Zip Code 94577

FEC ID number of contributing federal political committee. **C** C00495556

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : C7080096

Amount of Each Receipt this Period
 2000.00

Memo Item

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

Mailing Address 1775 K Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016

Transaction ID : C7070514

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UFCW

Mailing Address 1775 K Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : C7080341

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
UFCW

Mailing Address 1775 K Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : C7080340

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

65500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
US Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2196.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : C7083660

Amount of Each Receipt this Period
5.60

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

5.60

5.60

**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 55
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
NorthStar Bank

Mailing Address 400 N Ashley Drive

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4271.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : C7083665

Amount of Each Receipt this Period
282.76

Memo Item

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

Mailing Address 400 N Ashley Drive

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4271.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016

Transaction ID : C7083666

Amount of Each Receipt this Period
264.61

Memo Item

C. Full Name (Last, First, Middle Initial)
NorthStar Bank

Mailing Address 400 N Ashley Drive

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4271.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C7083667

Amount of Each Receipt this Period
282.95

Memo Item

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

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

830.32

830.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Acqua AI 2		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 212 7th Street SE		Amount of Each Disbursement this Period 751.75
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising event - food & beverage		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D364673
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D364582
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D364583
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	870.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364584

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364585

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364586

SUBTOTAL of Disbursements This Page (optional).....	178.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 59.50
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364587

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 4900 W Lemon Street		Amount of Each Disbursement this Period 66.70
City Tampa	State FL Zip Code 33609	
Purpose of Disbursement Payroll Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364658

Full Name (Last, First, Middle Initial) C. American Air		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 4255 Amon Carter Blvd. MD 2400		Amount of Each Disbursement this Period 281.05
City Fort Worth	State TX Zip Code 76155	
Purpose of Disbursement Travel - airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364662

SUBTOTAL of Disbursements This Page (optional).....	407.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Air		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 4255 Amon Carter Blvd. MD 2400		Amount of Each Disbursement this Period 375.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel - airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D364664
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 7.95
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D364563
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 7.95
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D364564
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	391.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016	
Mailing Address P.O. Box 297812			Amount of Each Disbursement this Period 44.25	
City Fort Lauderdale	State FL	Zip Code 33329	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Merchant fees		Candidate Name	Transaction ID : D364565	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address P.O. Box 297812			Amount of Each Disbursement this Period 7.95	
City Fort Lauderdale	State FL	Zip Code 33329	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Merchant fees		Candidate Name	Transaction ID : D364566	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address P.O. Box 297812			Amount of Each Disbursement this Period 73.75	
City Fort Lauderdale	State FL	Zip Code 33329	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Merchant fees		Candidate Name	Transaction ID : D364567	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	125.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 5.02
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364574
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 149.20
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364615
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 149.20
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364616
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	303.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 149.20
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Telephone	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364617

Full Name (Last, First, Middle Initial) B. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364603

Full Name (Last, First, Middle Initial) C. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364604

SUBTOTAL of Disbursements This Page (optional).....	3411.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Courtney Chiles		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364605

Full Name (Last, First, Middle Initial) B. Courtney Chiles		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364606

Full Name (Last, First, Middle Initial) C. Courtney Chiles		Date of Disbursement MM / DD / YYYY 03 / 27 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 62.28
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Exp reimb-Alamo Rent-a-Car-Car rental	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364668

SUBTOTAL of Disbursements This Page (optional).....	3324.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364692

Full Name (Last, First, Middle Initial) B. Courtney Chiles		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 7290 Barque Drive		Amount of Each Disbursement this Period 1631.01
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364694

Full Name (Last, First, Middle Initial) c. Diamond Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 13799 Park Blvd N #195		Amount of Each Disbursement this Period 8100.00
City Seminole	State FL Zip Code 33776	
Purpose of Disbursement Accounting services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D364573

SUBTOTAL of Disbursements This Page (optional).....	11362.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial)
A. Equality Florida

Mailing Address P.O. Box 13184

City Saint Petersburg State FL Zip Code 33733

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 09 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : D364659

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

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement Merchant fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2016

Amount of Each Disbursement this Period: 176.60

Memo Item

Transaction ID : D364530

Full Name (Last, First, Middle Initial)
C. First Data

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement Merchant fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2016

Amount of Each Disbursement this Period: 103.32

Memo Item

Transaction ID : D364531

SUBTOTAL of Disbursements This Page (optional) 779.92

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. First Data			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016		
Mailing Address 5565 Glenridge Connector NE			Amount of Each Disbursement this Period 56.34		
City Atlanta	State GA	Zip Code 30342-4756	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Merchant fees		Category/ Type	Transaction ID : D364532		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016		
Mailing Address 1101 15th Street NW			Amount of Each Disbursement this Period 2850.00		
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Website, data, support		Category/ Type	Transaction ID : D364529		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Security Metrics			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016		
Mailing Address 1275 West 1600 North			Amount of Each Disbursement this Period 219.97		
City Orem	State UT	Zip Code 84057	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Annual credit card security review		Category/ Type	Transaction ID : D364671		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	3126.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Security Metrics

Full Name (Last, First, Middle Initial)

Mailing Address 1275 West 1600 North

City Orem State UT Zip Code 84057

Purpose of Disbursement Credit card security review

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 16 / 2016

Amount of Each Disbursement this Period: 39.99

Memo Item

Transaction ID : D364672

B. Sonoma Restaurant and Wine Bar

Full Name (Last, First, Middle Initial)

Mailing Address 223 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraising event - food & beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2016

Amount of Each Disbursement this Period: 596.80

Memo Item

Transaction ID : D364669

C. T-Mobile

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 660252

City Dallas State TX Zip Code 75266

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 25 / 2016

Amount of Each Disbursement this Period: 63.95

Memo Item

Transaction ID : D364612

SUBTOTAL of Disbursements This Page (optional) 700.74

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. T-Mobile		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address P.O. Box 660252		Amount of Each Disbursement this Period 63.95
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D364613
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. T-Mobile		Date of Disbursement MM / DD / YYYY 03 / 24 / 2016
Mailing Address P.O. Box 660252		Amount of Each Disbursement this Period 63.95
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D364614
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tampa Organization of Black Affairs		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address P.O. Box 3485		Amount of Each Disbursement this Period 500.00
City Tampa	State FL	
Zip Code 33601	Purpose of Disbursement MLK breakfast tickets	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D364618
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	627.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Tampa Palms

Full Name (Last, First, Middle Initial)
Mailing Address 5811 Tampa Palms Blvd

City Tampa State FL Zip Code 33647

Purpose of Disbursement Fundraising Event - food & beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 07 / 2016

Amount of Each Disbursement this Period: 383.47

Memo Item

Transaction ID : D364670

B. The UPS Store #3751

Full Name (Last, First, Middle Initial)
Mailing Address 301 West Platt Street

City Tampa State FL Zip Code 33606

Purpose of Disbursement mailbox rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2016

Amount of Each Disbursement this Period: 642.00

Memo Item

Transaction ID : D364568

C. United Health

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1459

City Minneapolis State MN Zip Code 55440

Purpose of Disbursement Employee benefits

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2016

Amount of Each Disbursement this Period: 38.89

Memo Item

Transaction ID : D364576

SUBTOTAL of Disbursements This Page (optional) 1064.36

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United Health		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 352.24
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364577
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Health		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 352.24
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364578
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. United Health		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 38.89
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364579
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	743.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United Health		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 352.24
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364580
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Health		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address P.O. Box 1459		Amount of Each Disbursement this Period 38.89
City Minneapolis	State MN	
Zip Code 55440	Purpose of Disbursement Employee benefits	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364581
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period 49.00
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364569
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	440.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 5201 West Spruce Street			Amount of Each Disbursement this Period 6.45	
City Tampa	State FL	Zip Code 33630	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : D364570	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016	
Mailing Address 5201 West Spruce Street			Amount of Each Disbursement this Period 9.80	
City Tampa	State FL	Zip Code 33630	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : D364571	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016	
Mailing Address 5201 West Spruce Street			Amount of Each Disbursement this Period 6.45	
City Tampa	State FL	Zip Code 33630	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : D364572	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	22.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. US Treasury		M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 538.99
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Payroll taxes	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D364607
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. US Treasury		M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 535.99
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Payroll taxes	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D364608
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. US Treasury		M M / D D / Y Y Y Y 02 / 11 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 528.99
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Payroll taxes	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D364609
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

SUBTOTAL of Disbursements This Page (optional).....	1603.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial)
A. US Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 29 / 2016

Amount of Each Disbursement this Period: 521.99

Memo Item

Transaction ID : D364610

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

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2016

Amount of Each Disbursement this Period: 521.99

Memo Item

Transaction ID : D364611

Full Name (Last, First, Middle Initial)
c. US Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Income taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 15 / 2016

Amount of Each Disbursement this Period: 432.00

Memo Item

Transaction ID : D364666

SUBTOTAL of Disbursements This Page (optional) 1475.98

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. US Treasury		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 521.99
City Washington State DC Zip Code 20220	Category/Type	
Purpose of Disbursement Payroll taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : D364693	

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

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

SUBTOTAL of Disbursements This Page (optional).....	521.99
TOTAL This Period (last page this line number only).....	31481.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 55			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Hani Shoubaki		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 6022 S 2nd St		Amount of Each Disbursement this Period 900.00
City Tampa	State FL	
Zip Code 33611-4708	Purpose of Disbursement Refund over contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D364619
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	900.00

**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 54 OF 55
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Bera for Congress		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address PO BOX 582496		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D364674
City ELK GROVE	State CA	
Zip Code 95758	Purpose of Disbursement Contribution	Category/ Type
Candidate Name AMERISH BERA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 07	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 430 S Capitol Street, S.E.		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Memo Item Transaction ID : D364620
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Emily Cain for Congress		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address PO BOX 1523		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D364690
City BANGOR	State ME	
Zip Code 04402	Purpose of Disbursement Contribution	Category/ Type
Candidate Name EMILY CAIN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: ME District: 02	

SUBTOTAL of Disbursements This Page (optional).....	27000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 55
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Julia Brownley for Congress		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address PO BOX 2018		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City THOUSAND OAKS	State CA Zip Code 91358	
Purpose of Disbursement Contribution	Category/Type	Transaction ID : D364691
Candidate Name JULIA BROWNLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	28000.00