

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

YOST FOR CONGRESS

ADDRESS (number and street) 902 S HALSEMA RD

Check if different than previously reported. (ACC) JACKSONVILLE FL 32221

2. **FEC IDENTIFICATION NUMBER** C00462515 **CITY** **STATE** FL **ZIP CODE** 32221 **STATE DISTRICT** FL 03

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 05 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Annette W Kenney

Signature of Treasurer Electronically Filed by Annette W Kenney Date 11 21 2010

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

YOST FOR CONGRESS

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	37377.00	78030.97
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37377.00	77880.97
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	27082.48	68064.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27082.48	68064.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>11811.51</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>2194.90</b>	

**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  
YOST FOR CONGRESS

Report Covering the Period: From: 

M	M
0	8

D	D
0	5

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	23390.00	46736.10
(i) Itemized (use Schedule A).....	10987.00	28247.37
(ii) Unitemized.....	34377.00	74983.47
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3000.00	3000.00
(c) Other Political Committees (such as PACS).....	0.00	47.50
(d) The Candidate.....	37377.00	78030.97
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	4394.90
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	4394.90
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	37377.00	82425.87

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	27082.48	68064.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	200.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1250.00	2200.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1250.00	2200.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	150.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	28332.48	70614.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2766.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	37377.00
25. SUBTOTAL (add Line 23 and Line 24).....	40143.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28332.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11811.51

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 63  
(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)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Anania</p> <p>Mailing Address 8603 Bengal Avenue</p> <p>City State Zip Code Jacksonville FL 32211-5166</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 18 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5993</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Campaign Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Daniel Barrow</p> <p>Mailing Address 4129 Hanging Moss Court</p> <p>City State Zip Code Jacksonville FL 32257-7669</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 08 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5870</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Campaign Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Donna Barrow</p> <p>Mailing Address 8387 Highgate Drive</p> <p>City State Zip Code Jacksonville FL 32216</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self      Occupation Graphic Designer</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5725</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Campaign Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">850.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna Barrow	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 8387 Highgate Drive	<b>Transaction ID:</b> SA11AI.5839
	City State Zip Code Jacksonville FL 32216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Campaign Contribution
	Name of Employer Self Occupation Self Graphic Designer	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna Barrow	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8387 Highgate Drive	<b>Transaction ID:</b> SA11AI.6278
	City State Zip Code Jacksonville FL 32216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Campaign Contribution
	Name of Employer Self Occupation Self Graphic Designer	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alice Beutien	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address P.O. Box 218	<b>Transaction ID:</b> SA11AI.6150
	City State Zip Code East Palatka FL 32131	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Campaign Contribution
	Name of Employer Info Requested Occupation Info Requested	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 290.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

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

Mailing Address P.O. Box 218

City State Zip Code  
**Palatka FL 32131**

FEC ID number of contributing federal political committee. C

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 08 / 25 / 2010  
**Transaction ID: SA11AI.5708**  
 Amount of Each Receipt this Period 250.00  
 Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
Maureen Bryan

Mailing Address 2604 Powers Avenue

City State Zip Code  
**Jacksonville FL 32207**

FEC ID number of contributing federal political committee. C

Name of Employer Griffo Air Conditioning Occupation Self Employed HVAC Dealer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt 08 / 11 / 2010  
**Transaction ID: SA11AI.5658**  
 Amount of Each Receipt this Period 600.00  
 In-kind - Signs

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

Mailing Address 3883 Muirfield Blvd

City State Zip Code  
**Jacksonville FL 32225**

FEC ID number of contributing federal political committee. C

Name of Employer Realty Home Pro's Occupation Real Estate Broker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 09 / 04 / 2010  
**Transaction ID: SA11AI.5852**  
 Amount of Each Receipt this Period 300.00  
 Campaign Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Cargile		Date of Receipt
	Mailing Address 2838 Riverside Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2010
	City	State	Zip Code
	Jacksonville	FL	32205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5838
Name of Employer Inf Requested		Occupation Inf Requested	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 250.00	Campaign Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Connie Cenac		Date of Receipt
	Mailing Address 12677 Shinnecock Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Jacksonville	FL	32225
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6215
Name of Employer Welcome Home Care Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1200.00
		<input type="text"/> 2650.00	Campaign Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) DENNIS CLARKE		Date of Receipt
	Mailing Address 10901 BURNT MILL ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 25 / 2010
	City	State	Zip Code
	JACKSONVILLE	FL	32256
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5695
Name of Employer INFO REQUESTED		Occupation INFO REQUESTED	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	Campaign Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) DENNIS CLARKE</p> <p>Mailing Address 10901 BURNT MILL ROAD</p> <p>City State Zip Code JACKSONVILLE FL 32256</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation INFO REQUESTED INFO REQUESTED</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">430.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5941</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Campaign Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Zenna Corbin</p> <p>Mailing Address 1615 Oakgrove Road</p> <p>City State Zip Code Chipley FL 32428</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Chipley Gun &amp; Pawn Inc. President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5884</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Campaign Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Leonard Curry</p> <p>Mailing Address 76 S. Laura Street Suite 1700</p> <p>City State Zip Code Jacksonville FL 32202</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self CFO</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 18 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5999</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Campaign Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">780.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sharon Day  
Mailing Address 3100 N. Ocean Blvd. #2808  
City Ft. Lauderdale State FL Zip Code 33308-7116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 09 / 10 / 2010  
Transaction ID: SA11AI.5882  
Amount of Each Receipt this Period 500.00  
Campaign Donation

**B.** Full Name (Last, First, Middle Initial)  
Brian Duggar  
Mailing Address 8176 Jamaica Road S.  
City Jacksonville State FL Zip Code 32218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Contractor  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00  
Date of Receipt 09 / 19 / 2010  
Transaction ID: SA11AI.5991  
Amount of Each Receipt this Period 250.00  
Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
Sandra Faint  
Mailing Address 709 S. Magnolia Avenue  
City Sanford State FL Zip Code 32771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 212.00  
Date of Receipt 09 / 25 / 2010  
Transaction ID: SA11AI.6125  
Amount of Each Receipt this Period 20.00  
Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 770.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

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

Mailing Address 505 Lancaster St.  
Apt. 10A

City Jacksonville State FL Zip Code 32204

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

Name of Employer Drummond Press Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.6291  
 Amount of Each Receipt this Period 250.00  
 Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Fitzpatrick

Mailing Address 4156 Leeward Point

City Jacksonville State FL Zip Code 32225

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

Name of Employer None Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 09 / 04 / 2010  
**Transaction ID:** SA11AI.5810  
 Amount of Each Receipt this Period 200.00  
 Campaign Contribution

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

Mailing Address 2118 Monteau Drive

City Jacksonville State FL Zip Code 32210

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

Name of Employer Self Employed Occupation Promotion Products Distributor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 08 / 27 / 2010  
**Transaction ID:** SA11AI.5735  
 Amount of Each Receipt this Period 50.00  
 Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Richard J. Garber, Jr.  
Mailing Address 999. S. Washington

City State Zip Code  
Saginaw MI 48601

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

Name of Employer Garber Management Group Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.5923

Amount of Each Receipt this Period  
2400.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
Eloise Gay  
Mailing Address 524 Stockton Street

City State Zip Code  
Jacksonville FL 32204

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

Name of Employer Home Maker Occupation Home Maker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.5878

Amount of Each Receipt this Period  
2000.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
William W. Gay  
Mailing Address 524 Stockton Street

City State Zip Code  
Jacksonville FL 32204

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

Name of Employer WW. Gay Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.5800

Amount of Each Receipt this Period  
2000.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

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

Mailing Address 219 N.W. Tenth Street

City Ocala State FL Zip Code 34475

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

Name of Employer Braxton Jones Investments Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 09 / 13 / 2010  
**Transaction ID:** SA11AI.5929  
 Amount of Each Receipt this Period 400.00  
 Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
Cary Kresge

Mailing Address 2045 Summerland Avenue

City Winter Park State FL Zip Code 32789

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

Name of Employer Florida Medical Development Occupation Businessman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2010  
**Transaction ID:** SA11AI.6095  
 Amount of Each Receipt this Period 250.00  
 Campaign Contribution

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

Mailing Address 2901 DANESE STREET

City JACKSONVILLE State FL Zip Code 32206

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

Name of Employer Matrix Machine Repair Inc Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 08 / 25 / 2010  
**Transaction ID:** SA11AI.5694  
 Amount of Each Receipt this Period 1000.00  
 Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
James Marlier

Mailing Address 2810 St. Augustine Road

City State Zip Code  
Jacksonville FL 32225

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

Name of Employer Occupation  
GT Sales

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2010

**Transaction ID:** SA11AI.5738

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Faith Martin

Mailing Address 32 Northgate Drive

City State Zip Code  
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation  
Info Requested Info Requested

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** SA11AI.6240

Amount of Each Receipt this Period  
500.00

Campaign Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Russell O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2010

**Transaction ID:** SA11AI.5598

Amount of Each Receipt this Period  
750.00

Campaign Donation

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Russell O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 0 / 2 0 1 0

**Transaction ID:** SA11AI.5678

Amount of Each Receipt this Period  
500.00

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Russell O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.5740

Amount of Each Receipt this Period  
1000.00

Campaign Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Russell O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 4 / 2 0 1 0

**Transaction ID:** SA11AI.5815

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Russell O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.6211

Amount of Each Receipt this Period  
200.00

Campaign Contribution

3200.00

**B.** Full Name (Last, First, Middle Initial)  
Sandra O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.5741

Amount of Each Receipt this Period  
1000.00

Campaign Contribution

1500.00

**C.** Full Name (Last, First, Middle Initial)  
Sandra O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.5816

Amount of Each Receipt this Period  
250.00

Campaign Contribution

1750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Sandra O'Dell

Mailing Address 237 Adams Lane

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.6212

Amount of Each Receipt this Period  
200.00

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ed Oertli

Mailing Address 1301 First Street South

City State Zip Code  
Jacksonville Beach FL 32250

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

Name of Employer Leveler Llc Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 5 / 2 0 1 0

**Transaction ID:** SA11AI.5701

Amount of Each Receipt this Period  
250.00

Campaign Donation

**C.**

Full Name (Last, First, Middle Initial)  
Ed Oertli

Mailing Address 1301 First Street South

City State Zip Code  
Jacksonville Beach FL 32250

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

Name of Employer Leveler Llc Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.6165

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

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

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

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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Dan Ord

Mailing Address 11555 VC Johnson Road

City State Zip Code  
Jacksonville FL 32218

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 09 2010

Transaction ID: SA11AI.5647

Amount of Each Receipt this Period

40.00

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Charles Perniciaro

Mailing Address 514 Midway Street

City State Zip Code  
Neptune Beach FL 32266

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

Name of Employer Occupation  
Self Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 07 2010

Transaction ID: SA11AI.5849

Amount of Each Receipt this Period

500.00

Campaign Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Phoenix Republican Club

Mailing Address 196 Wilderness Trail

City State Zip Code  
Crescent City FL 32112

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 08 2010

Transaction ID: SA11AI.5853

Amount of Each Receipt this Period

300.00

Campaign Contribution

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

840.00

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

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.5853**

A local Republican Club Donation that is not affiliated with any State or Federal Committee. Received from Federally acceptable fund.

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

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

Mailing Address 1799 Lakeshore Drive N.

City State Zip Code  
Orange Park FL 32003-7729

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	1	0

**Transaction ID:** SA11AI.6068

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
Hugh Powell

Mailing Address P.O. Drawer 41490

City State Zip Code  
Jacksonville FL 32203

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

Name of Employer Cecil Powell and Associates Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

**Transaction ID:** SA11AI.5644

Amount of Each Receipt this Period  
100.00

Campaign Contribution

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

Mailing Address P.O. Drawer 41490

City State Zip Code  
Jacksonville FL 32203

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

Name of Employer Cecil Powell and Associates Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	0

**Transaction ID:** SA11AI.5727

Amount of Each Receipt this Period  
500.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Hugh Powell

Mailing Address P.O. Drawer 41490

City State Zip Code  
Jacksonville FL 32203

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

Name of Employer Cecil Powell and Associates  
Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11AI.6281

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Powell

Mailing Address 219 Newnan Street

City State Zip Code  
Jacksonville FL 32202

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

Name of Employer Hugh Powell and Associates  
Occupation Insurance Provider

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID:** SA11AI.5801

Amount of Each Receipt this Period  
200.00

Campaign Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Wayne Raulerson

Mailing Address 10418 Old Plank Road

City State Zip Code  
Jacksonville FL 32220

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

Name of Employer Retired  
Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2010

**Transaction ID:** SA11AI.6213

Amount of Each Receipt this Period  
200.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
River City Republican Club

Mailing Address P.O. Box 6795

City State Zip Code  
Jacksonville FL 32236

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2010

**Transaction ID:** SA11AI.5987

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
Rhoda Sheffield

Mailing Address 131 Neal Road

City State Zip Code  
Hawthorne FL 32640-6219

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2010

**Transaction ID:** SA11AI.5747

Amount of Each Receipt this Period  
250.00

Campaign Contribution

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

Mailing Address 6843 Biddy Lane

City State Zip Code  
Jacksonville FL 32210

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
410.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2010

**Transaction ID:** SA11AI.5605

Amount of Each Receipt this Period  
25.00

Campaign Donation

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

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

A. Form/Schedule : **SA11AI**

Received from Federally acceptable funds.

Transaction ID : **SA11AI.5987**

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

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

FOR LINE NUMBER: PAGE 24 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) Sandy Thomas		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 6843 Bidly Lane		<b>Transaction ID:</b> SA11AI.5842
City Jacksonville	State FL	Zip Code 32210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 435.00	

**B.**

Full Name (Last, First, Middle Initial) Sandy Thomas		Date of Receipt MM / DD / YYYY 09 / 18 / 2010
Mailing Address 6843 Bidly Lane		<b>Transaction ID:</b> SA11AI.6001
City Jacksonville	State FL	Zip Code 32210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 535.00	

**C.**

Full Name (Last, First, Middle Initial) Sandy Thomas		Date of Receipt MM / DD / YYYY 09 / 25 / 2010
Mailing Address 6843 Bidly Lane		<b>Transaction ID:</b> SA11AI.6102
City Jacksonville	State FL	Zip Code 32210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Campaign Contribution
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 63  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mark Zoller

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address 555 Oak Ridge Trail

Transaction ID: SA11AI.5972

City	State	Zip Code
St. Augustine	FL	32092

Amount of Each Receipt this Period

500.00
--------

FEC ID number of contributing federal political committee.

C
---

Campaign Contribution

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2010

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23390.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 63</span>			
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) Republican Executive Committee for Clay County		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address P.O. Box 1951		<b>Transaction ID:</b> SA11C.6200
City Orange Park	State FL	Zip Code 32067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Republican National Coalition For Life P.A.C.		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address P.O. Box 618		<b>Transaction ID:</b> SA11C.6320
City Alton	State IL	Zip Code 62002
FEC ID number of contributing federal political committee. C C00255406		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Campaign Contribution

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

A. Form/Schedule : **SA11C**  
Transaction ID : **SA11C.6200**

\$1,000 received from Federally acceptable funds. Excess to be refunded on Year end report. Made aware of limits after this report.

# 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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Kendra Allen

Transaction ID: SB17.6251  
Date of Disbursement

Mailing Address 1737 Ashland Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City Jacksonville State FL Zip Code 32207

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
Campaign Consultant

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Annette James

Transaction ID: SB17.7694  
Date of Disbursement

Mailing Address 6009 Northwest Winfield Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

City Port St. Lucie State FL Zip Code 34986

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Consulting fees

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AT & T

Transaction ID: SB17.5714  
Date of Disbursement

Mailing Address PO BOX 536216

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

City Atlanta State GA Zip Code 30353

Amount of Each Disbursement this Period

394.73
--------

Purpose of Disbursement  
Communication Expense

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  Primary  General  
 Other (specify) ▼

State: District:

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

3119.73
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 63

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5837 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 140.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5887 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 105.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ben Brown Mailing Address 5888 Renault Drive W. City Jacksonville State FL Zip Code 32244 Purpose of Disbursement Campaign Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5965 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 900.00 001 Category/ Type

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

1145.00

**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 30 / 63

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Ben Brown Mailing Address 5888 Renault Drive W. City Jacksonville State FL Zip Code 32244 Purpose of Disbursement Campaign Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6255 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 1000.00 001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Borum Mailing Address 930 Figueroa Terrace City Los Angeles State CA Zip Code 90012 Purpose of Disbursement Campaign Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6259 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 1000.00 001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Boyer Signs Mailing Address 3100 University Blvd Suite 307 City Jacksonville State FL Zip Code 32216 Purpose of Disbursement Signs Advertising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5667 Date of Disbursement 08 / 14 / 2010 Amount of Each Disbursement this Period 2503.00 004 Category/ Type

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

4503.00

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Maureen Bryan <hr/> Mailing Address 2604 Powers Avenue <hr/> City Jacksonville State FL Zip Code 32207 <hr/> Purpose of Disbursement In-kind - Signs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5659 Date of Disbursement 08 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
B.	Full Name (Last, First, Middle Initial) Call Fire <hr/> Mailing Address 1335 4th Street Suite 200 <hr/> City Santa Monica State CA Zip Code 90401 <hr/> Purpose of Disbursement Polling Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7698 Date of Disbursement 09 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Call Fire <hr/> Mailing Address 1335 4th Street Suite 200 <hr/> City Santa Monica State CA Zip Code 90401 <hr/> Purpose of Disbursement Polling Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7700 Date of Disbursement 09 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 10.00

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

1110.00

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comp USA, Inc.</p> <p>Mailing Address 130 E. Altamonte Dr.</p> <p>City Altamonte Springs State FL Zip Code 32701</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6052</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.53"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comp USA, Inc.</p> <p>Mailing Address 130 E. Altamonte Dr.</p> <p>City Altamonte Springs State FL Zip Code 32701</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6310</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="85.59"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Corinne Collins</p> <p>Mailing Address 3859 Boone Park Avenue</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Website Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6075</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="420.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="575.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cox Communications</p> <p>Mailing Address 8000 Belfort Parkway Suite 100</p> <p>City Jacksonville State FL Zip Code 32256</p> <p>Purpose of Disbursement Candidates Table Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5611 <b>Date of Disbursement</b> 08 / 05 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 300.00</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cross Creek Steakhouse &amp; Ribs</p> <p>Mailing Address 850 S. Lane Avenue</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Election Night Reception Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5687 <b>Date of Disbursement</b> 08 / 24 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 489.83</p> <p>007 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Election Mall Inc.</p> <p>Mailing Address 1101 Pennsylvania Ave. N.W.</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement On Line Fundraising Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5609 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 4.00</p> <p>003 Category/ Type</p>

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

793.83

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Election Mall Inc.

Transaction ID: SB17.5848  
Date of Disbursement

Mailing Address 1101 Pennsylvania Ave. N.W.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

Purpose of Disbursement  
OnLine Fundraising Expense

003
Category/ Type

2.88
------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Election Mall Inc.

Transaction ID: SB17.5933  
Date of Disbursement

Mailing Address 1101 Pennsylvania Ave. N.W.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

Purpose of Disbursement  
ON Line Fundraising Expense

003
Category/ Type

4.09
------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
EMRI

Transaction ID: SB17.5767  
Date of Disbursement

Mailing Address 1256 Vinetree Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	0

City Brandon State FL Zip Code 33510

Amount of Each Disbursement this Period

Purpose of Disbursement  
Web Elect Software

003
Category/ Type

270.00
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

276.97
--------

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

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**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) EMRI  Mailing Address 1256 Vinetree Drive  City Brandon State FL Zip Code 33510  Purpose of Disbursement Google Maps Integration Option Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5804 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) EMRI  Mailing Address 1256 Vinetree Drive  City Brandon State FL Zip Code 33510  Purpose of Disbursement WebElect Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6263 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 270.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Hess  Mailing Address 3254 Hwy. 17 South  City Palatka State FL Zip Code 32073  Purpose of Disbursement Fuel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5591 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 35.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	505.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hess Mailing Address 3254 Hwy. 17 South City Palatka State FL Zip Code 32073 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5719 Date of Disbursement 08 / 25 / 2010	Amount of Each Disbursement this Period 40.00
B.	Full Name (Last, First, Middle Initial) Hess Mailing Address 3254 Hwy. 17 South City Palatka State FL Zip Code 32073 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5959 Date of Disbursement 09 / 02 / 2010	Amount of Each Disbursement this Period 28.23
C.	Full Name (Last, First, Middle Initial) Hess Mailing Address 3254 Hwy. 17 South City Palatka State FL Zip Code 32073 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5954 Date of Disbursement 09 / 15 / 2010	Amount of Each Disbursement this Period 40.00

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

108.23

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Hess  Mailing Address 3254 Hwy. 17 South  City Palatka State FL Zip Code 32073  Purpose of Disbursement Travel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6529 Date of Disbursement 09 / 20 / 2010  Amount of Each Disbursement this Period 29.20  002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Hess  Mailing Address 3254 Hwy. 17 South  City Palatka State FL Zip Code 32073  Purpose of Disbursement Travel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6316 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 46.50  002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Image Today  Mailing Address 313 Julia Street  City New Smyrna Beach State FL Zip Code 32168  Purpose of Disbursement Rack Cards Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6322 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 889.00  003 Category/ Type

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

**964.70**

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Kangaroo <hr/> Mailing Address 11325 W. Beaver Street <hr/> City Jacksonville State FL Zip Code 32220 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5722 Date of Disbursement 08 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 45.00
B.	Full Name (Last, First, Middle Initial) Kangaroo <hr/> Mailing Address 11325 W. Beaver Street <hr/> City Jacksonville State FL Zip Code 32220 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5677 Date of Disbursement 08 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 10.45
C.	Full Name (Last, First, Middle Initial) Kangaroo <hr/> Mailing Address 11325 W. Beaver Street <hr/> City Jacksonville State FL Zip Code 32220 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5824 Date of Disbursement 09 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 30.01

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

**85.46**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Kangaroo Mailing Address 11325 W. Beaver Street City Jacksonville State FL Zip Code 32220 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6527 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010	Amount of Each Disbursement this Period 27.69
<b>B.</b>	Full Name (Last, First, Middle Initial) Lady Printing Mailing Address P.O. Box 8429 City Seminole State FL Zip Code 33775 Purpose of Disbursement Printing Brochures Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5610 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010	Amount of Each Disbursement this Period 416.40
<b>C.</b>	Full Name (Last, First, Middle Initial) Lake Eve Resort Mailing Address 12388 International Drive City Orlando State FL Zip Code 32703 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6533 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010	Amount of Each Disbursement this Period 244.96

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>689.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) My Campaign Store</p> <p>Mailing Address P.O. Box 596</p> <p>City Jeffersonville, State IN Zip Code 47130</p> <p>Purpose of Disbursement Campaign Signs Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5856 <b>Date of Disbursement</b> 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 608.04</p> <p>004 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 5850 Ramona Blvd</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5608 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 14.97</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 5850 Ramona Blvd</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Stapler for signs Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5648 <b>Date of Disbursement</b> 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 48.12</p> <p>004 Category/ Type</p>

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

671.13

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 5850 Ramona Blvd City Jacksonville State FL Zip Code 32205 Purpose of Disbursement Stapler Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5650 Date of Disbursement 08 / 14 / 2010
	Amount of Each Disbursement this Period 42.25 Category/Type: 004
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 5850 Ramona Blvd City Jacksonville State FL Zip Code 32205 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5724 Date of Disbursement 08 / 24 / 2010
	Amount of Each Disbursement this Period 6.08 Category/Type: 003
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 5850 Ramona Blvd City Jacksonville State FL Zip Code 32205 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5766 Date of Disbursement 08 / 29 / 2010
	Amount of Each Disbursement this Period 44.00 Category/Type: 003

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

92.33

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 5850 Ramona Blvd</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5913</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.66"/></p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 5850 Ramona Blvd</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6253</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.69"/></p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.</p> <p>Mailing Address 2065 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5656</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.40"/></p> <p>003 Category/Type</p>

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

**83.75**

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
PayPal, Inc.

Transaction ID: SB17.5808  
Date of Disbursement

Mailing Address 2065 Hamilton Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

City State Zip Code  
San Jose CA 95125

Amount of Each Disbursement this Period

Purpose of Disbursement  
On Line Fundraising Expense

003
Category/ Type

30.00
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Piryx, Inc.

Transaction ID: SB17.5702  
Date of Disbursement

Mailing Address 401 West 15th St.  
Suite #520

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City State Zip Code  
Austin TX 78701

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Donation

003
Category/ Type

250.00
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Piryx, Inc.

Transaction ID: SB17.5705  
Date of Disbursement

Mailing Address 401 West 15th St.  
Suite #520

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City State Zip Code  
Austin TX 78701

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Contribution

Category/ Type

4.50
------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

284.50
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TOTAL This Period (last page this line number only) .....

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# 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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5743</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 105.75</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5758</p> <p>Date of Disbursement 08 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2.26</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5763</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5.63</p> <p>Category/ Type</p>

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

113.64

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5778</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2.26</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Campaign Contributon</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5786</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 9.00</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5803</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2.25</p> <p>003 Category/ Type</p>

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

13.51

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

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5834</p> <p>Date of Disbursement 09 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>003 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5859</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>003 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5862</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2.26</p> <p>003 Category/Type</p>

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

31.76

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Transaction ID: SB17.5914 Date of Disbursement																			
	Mailing Address 401 West 15th St. Suite #520	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	1	0												
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement On Line Fundraising Expense	<table border="1"><tr><td>1.13</td></tr></table>	1.13																		
1.13																					
	Candidate Name	003 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Transaction ID: SB17.5928 Date of Disbursement																			
	Mailing Address 401 West 15th St. Suite #520	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	3		2	0	1	0												
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement On Line Fundraising Expense	<table border="1"><tr><td>5.53</td></tr></table>	5.53																		
5.53																					
	Candidate Name	003 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Piryx, Inc.	Transaction ID: SB17.5932 Date of Disbursement																			
	Mailing Address 401 West 15th St. Suite #520	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	3		2	0	1	0												
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement On Line Fundraising Expense	<table border="1"><tr><td>2.25</td></tr></table>	2.25																		
2.25																					
	Candidate Name	003 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8.91</td></tr></table>	8.91
8.91		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Piryx, Inc. Mailing Address 401 West 15th St. Suite #520 City Austin State TX Zip Code 78701 Purpose of Disbursement On Line Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6008 Date of Disbursement 09 / 19 / 2010 Amount of Each Disbursement this Period 14.63 003 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Piryx, Inc. Mailing Address 401 West 15th St. Suite #520 City Austin State TX Zip Code 78701 Purpose of Disbursement On Line Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6014 Date of Disbursement 09 / 20 / 2010 Amount of Each Disbursement this Period 6.08 003 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Piryx, Inc. Mailing Address 401 West 15th St. Suite #520 City Austin State TX Zip Code 78701 Purpose of Disbursement On Line Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6074 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 9.46 003 Category/ Type

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

30.17

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



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

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<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6084</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 9.45</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6093</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 14.63</p> <p>Category/ Type</p>

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

32.13

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<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6166</p> <p>Date of Disbursement 09 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>Category/Type 003</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement OnLine Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6204</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5.63</p> <p>Category/Type 003</p>

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

35.13

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

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement On Line Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6248</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 55.55</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6294</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 14.18</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 West 15th St. Suite #520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6308</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 6.76</p>

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

76.49

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pulse Opiniion Research</p> <p>Mailing Address 4603 Willow Wind Court</p> <p>City Arlington State TX Zip Code 76017</p> <p>Purpose of Disbursement Polling Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6541</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 005</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Racetrac</p> <p>Mailing Address Normandy Blvd.</p> <p>City Jacksonville State FL Zip Code 32220</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5649</p> <p>Date of Disbursement 08 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Racetrac</p> <p>Mailing Address Normandy Blvd.</p> <p>City Jacksonville State FL Zip Code 32220</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5912</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 44.50</p> <p>Category/Type 002</p>

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

1579.50

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Racetrac</p> <p>Mailing Address Normandy Blvd.</p> <p>City Jacksonville State FL Zip Code 32220</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6173</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 34.20</p> <p>002 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Racetrac</p> <p>Mailing Address Normandy Blvd.</p> <p>City Jacksonville State FL Zip Code 32220</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6174</p> <p>Date of Disbursement 09 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>002 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Racetrac</p> <p>Mailing Address Normandy Blvd.</p> <p>City Jacksonville State FL Zip Code 32220</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6312</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>002 Category/ Type</p>

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

104.20

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Republican Party Of Duval County <hr/> Mailing Address 4963 Beach Blvd. <hr/> City Jacksonville State FL Zip Code 32207 <hr/> Purpose of Disbursement Candidate Table Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.7705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 007
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RL Carriers <hr/> Mailing Address P.O. Box 271 <hr/> City Wilmington State OH Zip Code 45177 <hr/> Purpose of Disbursement Freight cost for sign delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 205.99
	Category/ Type 004
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ron The Sign Man <hr/> Mailing Address 10016 Hwy 98 <hr/> City Navarre State FL Zip Code 32566 <hr/> Purpose of Disbursement Campaign Signs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5888 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1605.00
	Category/ Type 004
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2110.99

**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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sages Dry CLeaning</p> <p>Mailing Address 950 Cassat Avenue</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Dry Cleaning Linens from Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.5768</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.72"/></p> <p>Category/Type: <input type="text" value="007"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sages Dry CLeaning</p> <p>Mailing Address 950 Cassat Avenue</p> <p>City Jacksonville State FL Zip Code 32205</p> <p>Purpose of Disbursement Linens for fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6169</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.99"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 6501 Youngerman Cir.</p> <p>City Jacksonville State FL Zip Code 32234</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6318</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="119.07"/></p> <p>Category/Type: <input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="243.78"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Sanford Chamber Of Commerce  Mailing Address 1234 Main St  City Sanford State FL Zip Code 32803  Purpose of Disbursement Chamber Luncheon Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6188 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 20.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Sprint  Mailing Address P.O. Box 105243  City Atlanta State GA Zip Code 30348  Purpose of Disbursement Phone Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.5690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 126.63
<b>C.</b>	Full Name (Last, First, Middle Initial) Sprint  Mailing Address P.O. Box 105243  City Atlanta State GA Zip Code 30348  Purpose of Disbursement Communications Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 61.59

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>208.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Sticker Giant

Mailing Address P.O. Box 301

City Hygiene State CO Zip Code 80533

Purpose of Disbursement  
lapel Stickers

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.5855  
Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

425.45

B.

Full Name (Last, First, Middle Initial)  
University Club University Club

Mailing Address 1234 Riverplace Blvd.

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement  
Club Dues

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.5775  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

550.02

C.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 4000 E Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel Expense Nick Zoller

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.5733  
Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

172.90

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1148.37

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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Walmart

Mailing Address 6830 Normandy Blvd

City Jacksonville State FL Zip Code 32205

Purpose of Disbursement  
Office Supplies  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17.5779  
Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

5.86

B.

Full Name (Last, First, Middle Initial)  
Tiffany Wright

Mailing Address 1234 Main St

City Jacksonville State FL Zip Code 32220

Purpose of Disbursement  
Campaign Consultant  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17.6257  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

850.00

C.

Full Name (Last, First, Middle Initial)  
Nick Zoller

Mailing Address 67 Harly Drive #1

City Worcester State ME Zip Code 01606

Purpose of Disbursement  
Campaign Director Expense  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17.5773  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1355.86

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)

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nick Zoller</p> <p>Mailing Address 67 Harly Drive #1</p> <p>City Worcester State ME Zip Code 01606</p> <p>Purpose of Disbursement Campaign Director Expenses Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5774</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nick Zoller</p> <p>Mailing Address 67 Harly Drive #1</p> <p>City Worcester State ME Zip Code 01606</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5946</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nick Zoller</p> <p>Mailing Address 67 Harly Drive #1</p> <p>City Worcester State ME Zip Code 01606</p> <p>Purpose of Disbursement Campaign Consultant Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6261</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>

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

2500.00

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

24600.46

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 63

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

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NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
MICHAEL F "MIKE" F. YOST

Transaction ID: SB19A.5732

Date of Disbursement

Mailing Address 902 HALSEMA RD S

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

City JACKSONVILLE State FL Zip Code 32110

Amount of Each Disbursement this Period

1250.00
---------

Purpose of Disbursement  
Loan Payment

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ►

1250.00
---------

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

1250.00
---------

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 61 / 63
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

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

**Transaction ID: SC/10.5624**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MICHAEL F "MIKE" F. YOST - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 902 HALSEMA RD S	
City JACKSONVILLE State FL ZIP Code 32110	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1995.65	2200.00	-204.35

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2009	11/1/10	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>-204.35</b>
<b>TOTALS</b> This Period (last page in this line only) .....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

Transaction ID: SC/10.4255

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MICHAEL F "MIKE" F. YOST

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 902 HALSEMA RD S

City JACKSONVILLE State FL ZIP Code 32110

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred: MM DD YY 07 30 2009 Date Due: 11/01/2010 Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶ 1000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
YOST FOR CONGRESS

Transaction ID: SC/10.4370

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MICHAEL F "MIKE" F. YOST

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 902 HALSEMA RD S

City JACKSONVILLE State FL ZIP Code 32110

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1399.25	0.00	1399.25

**TERMS**

Date Incurred: M M 10 D D 29 Y Y Y Y 2009 Date Due: 11/03/10 Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1399.25
<b>TOTALS</b> This Period (last page in this line only) .....	▶	2194.90

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.