

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Rubio Victory Committee

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115  
 Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00494617 **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2015 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

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

Signature of Treasurer Lisa R. Lisker *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Rubio Victory Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value=""/>	<input type="text" value="46728.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="182520.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="557367.71"/>	<input type="text" value="2398649.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="739888.14"/>	<input type="text" value="2445378.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="710841.15"/>	<input type="text" value="2416331.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29046.99"/>	<input type="text" value="29046.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

Rubio Victory Committee

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	511149.78	2213974.78
(ii) Unitemized .....	34217.93	84897.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	545367.71	2298872.71
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	99777.13
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	557367.71	2398649.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	557367.71	2398649.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	557367.71	2398649.84

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	172162.23	779023.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	172162.23	779023.82
22. Transfers to Affiliated/Other Party Committees.....	464239.32	1535618.40
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	74439.60	96689.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	74439.60	101689.60
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	710841.15	2416331.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	710841.15	2416331.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	557367.71	2398649.84
34. Total Contribution Refunds (from Line 28(d)) .....	74439.60	101689.60
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	482928.11	2296960.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	172162.23	779023.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	172162.23	779023.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Rubio Victory Committee**

**A. MRS. SHELLEY ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 199 S. LOS ROBIES AVENUE

City	State	Zip Code
PASADENA	CA	91101-2452

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

**Transaction ID : SA11.752797**

Amount of Each Receipt this Period  

-10200.00
-----------

**CONTRIBUTION**  
  
**CHARGED BACK**

**B. MR. ROBERT CANNON BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2022 MAPLE AVENUE

City	State	Zip Code
CHARLTON	NY	12019-2805

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11.740893**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

**C. MR. CLAYTON ROBERT BARKER III**  
Full Name (Last, First, Middle Initial)

Mailing Address 4779 SEDBERRY HILL COURT SE

City	State	Zip Code
ATLANTA	GA	30339-5362

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

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : SA11.727520**

Amount of Each Receipt this Period  

2700.00
---------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-7250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. HOWARD B. BERNICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 SUNSET AVENUE  
 APARTMENT 4D  
 City PALM BEACH State FL Zip Code 33480-3926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 28 / 2015**  
**Transaction ID : SA11.743399**  
 Amount of Each Receipt this Period **2000.00**  
 CONTRIBUTION

**B. MR. CHARLES K. BOBRINSKOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 GLENRIDGE DRIVE  
 City GLENVIEW State IL Zip Code 60025-4475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARIEL INVESTMENTS Occupation ASSET MANAGER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4200.00**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : SA11.740782**  
 Amount of Each Receipt this Period **4200.00**  
 CONTRIBUTION

**C. MRS. MARY ANNE BOBRINSKOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 GLENRIDGE DRIVE  
 City GLENVIEW State IL Zip Code 60025-4475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5200.00**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : SA11.740779**  
 Amount of Each Receipt this Period **5200.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MS. ELLYN SETNOR BOGDANOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 908 S. ANDREWS AVENUE  
 City FORT LAUDERDALE State FL Zip Code 33316-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740902**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. MR. PETER DAMON BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2992  
 City PALM BEACH State FL Zip Code 33480-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740792**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MR. GASTON CANTENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11750 SW 29TH STREET  
 City MIAMI State FL Zip Code 33175-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FLORIDA CRYSTALS CORPORATION Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740817**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. BRITTON S. CHAUVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5717 TCHOUPITOULAS STREET

City NEW ORLEANS State LA Zip Code 70115-2112

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

Name of Employer KARL SENNER LLC Occupation SERVICE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.755181**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. MR. JOHN S. CLEARY**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 POND ST

City WINCHESTER State MA Zip Code 01890-2313

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : SA11.727617**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MS. MONETHA COBB**  
Full Name (Last, First, Middle Initial)

Mailing Address 1119 ROXBORO PTE.

City ATLANTA State GA Zip Code 30324-2933

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

Name of Employer FRANKLIN STREET Occupation COMMERCIAL REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11.750864**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. LEONARD M. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1645 CROSS POINTE WAY  
 City TALLAHASSEE State FL Zip Code 32308-4767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740890**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. CESAR V. CONDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 7TH STREET NW STE. 200  
 City WASHINGTON State DC Zip Code 20001-3883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAVIGATORS GLOBAL Occupation FOUNGING PRINCIPAL & POLICY ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2015  
**Transaction ID : SA11.759505**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. CHRIST P. CORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 W. 23RD STREET  
 City PANAMA CITY State FL Zip Code 32405-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAHALL'S DELI Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740842**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. BRYAN A. CORR SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address BOX 611310

City ROSEMARY BEACH State FL Zip Code 32461-1002

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

Name of Employer CORR GROUP LLC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740816**

Amount of Each Receipt this Period  
 7500.00

CONTRIBUTION

**B. MRS. TINA N. CORR**  
Full Name (Last, First, Middle Initial)

Mailing Address BOX 611310

City ROSEMARY BEACH State FL Zip Code 32461-1002

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

Name of Employer CORR GROUP LLC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740809**

Amount of Each Receipt this Period  
 7500.00

CONTRIBUTION

**C. MR. CHRIS C. CRAMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 BUNKERS COVE ROAD

City PANAMA CITY State FL Zip Code 32401-3907

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

Name of Employer BILL CRAMER GM Occupation AUTOMOTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740807**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. RANDALL R. CRISORIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 TURTLE CREEK CIRCLE  
 City State Zip Code  
 OLDSMAR FL 34677-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNITED DEVELOPMENT SYSTEMS, INC. CORPORATE EXECUTIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740843**  
 Amount of Each Receipt this Period  
 10400.00  
 CONTRIBUTION

**B. MR. DAVID A. DEETER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3288 IVANHOE DRIVE NW  
 City State Zip Code  
 ATLANTA GA 30327-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740896**  
 Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C. MR. STEVEN DELBIANCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 VIRGINIA AVENUE  
 City State Zip Code  
 MCLEAN VA 22101-4936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NETCHOICE GOVERNMENT RELATIONS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11.727420**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. THE HONORA WILLIAM J. J. DIAMOND**

Mailing Address 220 WELLS ROAD

City PALM BEACH	State FL	Zip Code 33480-3625
--------------------	-------------	------------------------

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

Name of Employer 160 E.89TH ST. REALTY CORP.	Occupation INVESTOR
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740818**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THE HONORA WILLIAM J. J. DIAMOND**

Mailing Address 220 WELLS ROAD

City PALM BEACH	State FL	Zip Code 33480-3625
--------------------	-------------	------------------------

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

Name of Employer 160 E.89TH ST. REALTY CORP.	Occupation INVESTOR
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : SA11.742296**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PAUL J. DIMARE**

Mailing Address P.O. BOX 900460

City HOMESTEAD	State FL	Zip Code 33090-0460
-------------------	-------------	------------------------

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

Name of Employer DIMARE FRESH	Occupation PRESIDENT AND CEO
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2014  
**Transaction ID : SA11.683947**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. PAUL J. DIMARE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 900460

City HOMESTEAD	State FL	Zip Code 33090-0460
-------------------	-------------	------------------------

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

Name of Employer DIMARE FRESH	Occupation PRESIDENT AND CEO
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.727797**

Amount of Each Receipt this Period  
 -2300.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**B. SWANEE DIMARE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 900460

City HOMESTEAD	State FL	Zip Code 33090-0460
-------------------	-------------	------------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.727796**

Amount of Each Receipt this Period  
 2300.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**C. MR. MARK B. DODSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2293 FAIRHAVEN CIR. NE

City ATLANTA	State GA	Zip Code 30305-4316
-----------------	-------------	------------------------

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

Name of Employer MORTGAGE CAPITAL ADVISORS	Occupation PRIVATE MORTGAGE BANKING
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : SA11.727512**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MR. DAVID E. DREIBELBIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4743 RIDGEGATE CIRCLE  
 City State Zip Code  
 DULUTH GA 30097-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740815**  
 Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B. MRS. PATRICIA L. DREIBELBIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4743 RIDGEGATE CIRCLE  
 City State Zip Code  
 DULUTH GA 30097-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740799**  
 Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C. MS. EMILY DRYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 HAMMON AVENUE  
 City State Zip Code  
 PALM BEACH FL 33480-4709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOB WESTONHALL ASSISTANT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740841**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MR. MARK ESCUDE II**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 PUTNEY BRIDGE LANE

City SIMPSONVILLE State SC Zip Code 29681-3658

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

Name of Employer MCE AUTOMOTIVE Occupation PLATFORM DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740781**

Amount of Each Receipt this Period  
 5200.00

CONTRIBUTION

**B. MR. ALEX FANJUL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 NORTH CLEMATIS STREET

City WEST PALM BEACH State FL Zip Code 33401-5550

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

Name of Employer FLORIDA CRYSTALS Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.773114**

Amount of Each Receipt this Period  
 5400.00

CONTRIBUTION

REFUNDED \$100.00 ON 06/30/2015

**C. MR. JOSE F. FANJUL JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 N. CLEMATIS STREET, STE. 200

City WEST PALM BEACH State FL Zip Code 33401-5551

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

Name of Employer FLORIDA CRYSTALS CORPORATION Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740838**

Amount of Each Receipt this Period  
 5200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MRS. LOURDES M. FANJUL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 N. CLEMATIS STREET STE. 200  
 City WEST PALM BEACH State FL Zip Code 33401-5551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5200.00**

Date of Receipt: **04 / 17 / 2015**  
**Transaction ID : SA11.740821**  
 Amount of Each Receipt this Period: **5200.00**  
**CONTRIBUTION**

**B. MR. GLEN STEVEN FEINGOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W. CYPRESS CREEK ROAD SUITE 500  
 City FORT LAUDERDALE State FL Zip Code 33309-2338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **MCNA DENTAL PLANS** Occupation: **C.O.O.**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **7900.00**

Date of Receipt: **04 / 17 / 2015**  
**Transaction ID : SA11.773133**  
 Amount of Each Receipt this Period: **10000.00**  
**CONTRIBUTION**  
 REFUNDED \$2,100.00 ON 06/30/2015

**C. DR. JEFFREY P. FEINGOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W. CYPRESS CREEK ROAD  
 City FORT LAUDERDALE State FL Zip Code 33309-2174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **MCNA DENTAL** Occupation: **PRESIDENT/CEO**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **10000.00**

Date of Receipt: **04 / 17 / 2015**  
**Transaction ID : SA11.740804**  
 Amount of Each Receipt this Period: **10000.00**  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>25200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. NICHOLAS T. FERRERI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7840 ESTERO BLVD.  
 City State Zip Code  
 FORT MYERS BEACH FL 33931-5012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED CONSULTANT/HEALTH CARE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740806**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MRS. LOULETTE M. FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 HARRISON AVENUE  
 City State Zip Code  
 PANAMA CITY FL 32405-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED OFFICE MANAGER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740810**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. DR. WILLIAM J. FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 HARRISON AVENUE  
 City State Zip Code  
 PANAMA CITY FL 32405-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740814**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 129  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. JOHN RICHARD GIBSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7409 DOE AVENUE

City LAS VEGAS	State NV	Zip Code 89117-1445
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.739842**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**B. MRS. MARIANNE M. GIBSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7409 DOE AVENUE

City LAS VEGAS	State NV	Zip Code 89117-1445
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.739841**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**C. MR. FAUSTO B. GOMEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 765 CRANDON BLVD. #402

City KEY BISCAVNE	State FL	Zip Code 33149-2568
----------------------	-------------	------------------------

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

Name of Employer GOMEZ BARKER ASSOCIATES	Occupation GOVERNMENT AFFAIRS
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11.740820**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. IAN H. GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 BAHAMA LANE

City PALM BEACH State FL Zip Code 33480-3308

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740786**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MR. KENNETH E. GRANGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3768 LONGFELLOW ROAD

City TALLAHASSEE State FL Zip Code 32311-3708

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

Name of Employer CAPITAL CITY CONSULTING Occupation GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740830**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C. MR. KAY D. GUILS**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 M. STREET S.W.

City WASHINGTON State DC Zip Code 20024-4002

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

Name of Employer LIBRARY OF CONGRESS Occupation LIBRARIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.743177**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. JEFFREY HAINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 N. ROCKINGHAM AVENUE  
 City LOS ANGELES State CA Zip Code 90049-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OVATION MEDICAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740848**  
 Amount of Each Receipt this Period 400.00  
 CONTRIBUTION

**B. MRS. NADENE HAINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 N. ROCKINGHAM AVENUE  
 City LOS ANGELES State CA Zip Code 90049-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740847**  
 Amount of Each Receipt this Period 10400.00  
 CONTRIBUTION

**C. MR. CHARLES R. HARLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3200 LEMONS RIDGE DRIVE  
 City ATLANTA State GA Zip Code 30339-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWESTERN MUTUAL Occupation WEALTH MANAGEMENT ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740827**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ADAM HASNER**

Mailing Address 17100-5 BOCA CLUB BLVD.

City BOCA RATON	State FL	Zip Code 33487-1256
--------------------	-------------	------------------------

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

Name of Employer PEOPLE'S TRUST INSURANCE	Occupation CHIEF MARKETING OFFICER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11.740823**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. KEN B. HEITHOFF M.D.**

Mailing Address 4911 FISHER ISLAND DRIVE

City MIAMI BEACH	State FL	Zip Code 33109-0183
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.739362**

Amount of Each Receipt this Period  
8800.00

CONTRIBUTION

SEE REATTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. KAREN S. HEITHOFF**

Mailing Address 4911 FISHER ISLAND DRIVE

City MIAMI BEACH	State FL	Zip Code 33109-0183
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation RETAIL
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.739363**

Amount of Each Receipt this Period  
5400.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. DR. KEN B. HEITHOFF M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4911 FISHER ISLAND DRIVE

City MIAMI BEACH	State FL	Zip Code 33109-0183
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.739362B**

Amount of Each Receipt this Period  
-5400.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B. BEN HELLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 320825

City ALEXANDRIA	State VA	Zip Code 22320-4825
--------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : SA11.726714**

Amount of Each Receipt this Period  
20800.00

CONTRIBUTION

**[MEMO ITEM]**

**C. BEN HELLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 320825

City ALEXANDRIA	State VA	Zip Code 22320-4825
--------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.761074**

Amount of Each Receipt this Period  
-10400.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

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

Mailing Address **PO BOX 320825**

City **ALEXANDRIA** State **VA** Zip Code **22320-4825**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10400.00**

Date of Receipt **04 / 16 / 2015**

**Transaction ID : SA11.761073**

Amount of Each Receipt this Period **10400.00**

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)  
**B. MR. REYNOLDS HENDERSON**

Mailing Address **P.O. BOX 2548**

City **SANTA ROSA BEACH** State **FL** Zip Code **32459-2548**

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

Name of Employer **SRB SERVICING LLC** Occupation **MEMBER/MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7500.00**

Date of Receipt **04 / 17 / 2015**

**Transaction ID : SA11.740837**

Amount of Each Receipt this Period **7500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. OSCAR R. HERNANDEZ**

Mailing Address **1 N. CLEMATIS STREET SUITE 200**

City **WEST PALM BEACH** State **FL** Zip Code **33401-5551**

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

Name of Employer **FLORIDA CRYSTALS CORPORATION** Occupation **VICE PRESIDENT/CHIEF FINANCIAL OFFICE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **04 / 21 / 2015**

**Transaction ID : SA11.742092**

Amount of Each Receipt this Period **5000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 25 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. FRED HODGES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4016 DUMAINE WAY  
 City MEMPHIS State TN Zip Code 38117-2910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.727497**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. PHILLIP R. HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1177  
 City GREENVILLE State SC Zip Code 29602-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUGHES INVESTMENTS Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : SA11.727739**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. NICHOLAS V. IAROSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 GROVE PARK DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAPITA CITY CONSULTING Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : SA11.741951**  
 Amount of Each Receipt this Period  
 8000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 13250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. MARK JASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 20384 SEABOARD ROAD

City MALIBU State CA Zip Code 90265-5348

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

Name of Employer ITIG Occupation TAX ECONOMIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.743117A**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

CHARGED BACK \$3,000.00 ON 04/27/2015

**B. MR. MARK JASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 20384 SEABOARD ROAD

City MALIBU State CA Zip Code 90265-5348

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

Name of Employer ITIG Occupation TAX ECONOMIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.743117B**

Amount of Each Receipt this Period  
 -3000.00

CONTRIBUTION

CHARGED BACK

**C. MR. FRANKLIN P. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1411 EDGEWOOD DRIVE

City PALO ALTO State CA Zip Code 94301-3118

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

Name of Employer ASSET MANAGEMENT COMPANY Occupation SOLE PROPRIETOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.703670**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. CATHERINE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 EDGEWOOD DRIVE  
 City PALO ALTO State CA Zip Code 94301-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5100.00**

Date of Receipt: **04 / 16 / 2015**  
**Transaction ID : SA11.760817**  
 Amount of Each Receipt this Period: **5000.00**  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**B. MR. FRANKLIN P. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 EDGEWOOD DRIVE  
 City PALO ALTO State CA Zip Code 94301-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **ASSET MANAGEMENT COMPANY** Occupation: **SOLE PROPRIETOR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5100.00**

Date of Receipt: **04 / 16 / 2015**  
**Transaction ID : SA11.760818**  
 Amount of Each Receipt this Period: **-5000.00**  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**C. MR. FRANKLIN P. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 EDGEWOOD DRIVE  
 City PALO ALTO State CA Zip Code 94301-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **ASSET MANAGEMENT COMPANY** Occupation: **SOLE PROPRIETOR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5100.00**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : SA11.727393**  
 Amount of Each Receipt this Period: **10200.00**  
 CONTRIBUTION  
**[MEMO ITEM]**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. CATHERINE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 EDGEWOOD DRIVE  
 City PALO ALTO State CA Zip Code 94301-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5100.00**

Date of Receipt: **04 / 16 / 2015**  
**Transaction ID : SA11.760819**  
 Amount of Each Receipt this Period: **5100.00**  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**B. MR. FRANKLIN P. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 EDGEWOOD DRIVE  
 City PALO ALTO State CA Zip Code 94301-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **ASSET MANAGEMENT COMPANY** Occupation: **SOLE PROPRIETOR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5100.00**

Date of Receipt: **04 / 16 / 2015**  
**Transaction ID : SA11.760820**  
 Amount of Each Receipt this Period: **-5100.00**  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**C. MR. THOMAS C. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 SAWYER NEEDHAM RD  
 City WHITING State VT Zip Code 05778-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **06 / 05 / 2015**  
**Transaction ID : SA11.760561**  
 Amount of Each Receipt this Period: **250.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. DARLENE L. JORDAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 S. LAKE TRAIL

City PALM BEACH	State FL	Zip Code 33480-4127
FEC ID number of contributing federal political committee. C		
Name of Employer HELLMAN JORDAN	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5100.00	

Date of Receipt  
03 / 31 / 2015  
Transaction ID : SA11.727238

Amount of Each Receipt this Period  
10200.00

CONTRIBUTION

[MEMO ITEM]

**B. MRS. DARLENE L. JORDAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 S. LAKE TRAIL

City PALM BEACH	State FL	Zip Code 33480-4127
FEC ID number of contributing federal political committee. C		
Name of Employer HELLMAN JORDAN	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5100.00	

Date of Receipt  
04 / 15 / 2015  
Transaction ID : SA11.760316

Amount of Each Receipt this Period  
-5100.00

CONTRIBUTION

[MEMO ITEM]  
REATTRIBUTION TO SPOUSE

**C. MR. GERALD R. JORDAN JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 S LAKE TRL

City PALM BEACH	State FL	Zip Code 33480-4127
FEC ID number of contributing federal political committee. C		
Name of Employer HELLMAN JORDAN MANAGEMENT CO.	Occupation CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5100.00	

Date of Receipt  
04 / 15 / 2015  
Transaction ID : SA11.760315

Amount of Each Receipt this Period  
5100.00

CONTRIBUTION

[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. THOMAS KEEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 E 12TH AVE

City SALT LAKE CITY State UT Zip Code 84103-2845

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
04 / 09 / 2015  
Transaction ID : SA11.727509

Amount of Each Receipt this Period  
220.00

CONTRIBUTION

**B. MR. CAL KENDRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3964 E PARADISE VIEW DR

City PARADISE VALLEY State AZ Zip Code 85253-3800

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
04 / 14 / 2015  
Transaction ID : SA11.737427

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C. MR. CAL KENDRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3964 E PARADISE VIEW DR

City PARADISE VALLEY State AZ Zip Code 85253-3800

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
04 / 15 / 2015  
Transaction ID : SA11.738662

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MS. CATHERINE G. KENDRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3964 E. PARADISE VIEW DRIVE  
 City PARADISE VALLEY State AZ Zip Code 85253-3800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740813**  
 Amount of Each Receipt this Period  
 10400.00  
 CONTRIBUTION

**B. MR. CODY KHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 243 EAGLE DRIVE  
 City PANAMA CITY BEACH State FL Zip Code 32407-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HILTON INN RESORT OWNER  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.760310**  
 Amount of Each Receipt this Period  
 3200.00  
 CONTRIBUTION

**C. MRS. AMY S. KISTULINEC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3773 HADDON HALL ROAD  
 City ATLANTA State GA Zip Code 30327-2658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC NON PROFIT MANAGEMENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : SA11.727522**  
 Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MR. MARK W. KISTULINEC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3773 HADDON HALL ROAD  
 City ATLANTA State GA Zip Code 30327-2658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer B.C.G. Occupation MANAGEMENT CONSULTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 04 / 08 / 2015  
**Transaction ID : SA11.727523**  
 Amount of Each Receipt this Period 2700.00  
 CONTRIBUTION

**B. MR. CARLOS A. LACASA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5690 SW 84 TERRACE  
 City MIAMI State FL Zip Code 33143-8328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCNA HEALTHCARE HOLDINGS, LLC Occupation SENIOR V.P. & GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740780**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. RON LAFACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1728 TARPON DRIVE  
 City TALLAHASSEE State FL Zip Code 32308-4731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAPITAL CITY CONSULTING Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : SA11.727405**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. THOMAS A. LEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2743

City BRANDON	State FL	Zip Code 33509-2743
-----------------	-------------	------------------------

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

Name of Employer SABAL HOMES OF FLORIDA, INC.	Occupation DEVELOPER
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.743398**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MR. RYAN J. LEVENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2396 DELLWOOD DRIVE

City ATLANTA	State GA	Zip Code 30305-4077
-----------------	-------------	------------------------

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

Name of Employer PRIVET FUND MANAGEMENT LLC	Occupation INVESTMENT MANAGER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740829**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

**C. MR. JOE MICHAEL LITTLETON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1726

City PANAMA CITY	State FL	Zip Code 32402-1726
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740895**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. LUIS E. LLAMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5415 DANNEEL STREET

City NEW ORLEANS State LA Zip Code 70115-5029

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2015  
**Transaction ID : SA11.755190**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**B. MR. SCOTT H. LUSTGARTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 418 HILLBROOK ROAD

City BRYN MAWR State PA Zip Code 19010-3634

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

Name of Employer Occupation  
MAIN LINE HONDA DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015  
**Transaction ID : SA11.727333**

Amount of Each Receipt this Period  
10400.00

CONTRIBUTION

**[MEMO ITEM]**

**C. MR. SCOTT H. LUSTGARTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 418 HILLBROOK ROAD

City BRYN MAWR State PA Zip Code 19010-3634

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

Name of Employer Occupation  
MAIN LINE HONDA DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2015  
**Transaction ID : SA11.760294**

Amount of Each Receipt this Period  
-5200.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MRS. SUZI B. LUSTGARTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 418 HILLBROOK RD  
 City BRYN MAWR State PA Zip Code 19010-3634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUZI BRAMAN INTERIORS Occupation INTERIOR DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 04 / 16 / 2015  
**Transaction ID : SA11.760293**  
 Amount of Each Receipt this Period 5200.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**B. MRS. JANET W. MACCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2056 TRIMLESTON ROAD  
 City STATHAM State GA Zip Code 30666-2549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.727448**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MRS. JANET W. MACCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2056 TRIMLESTON ROAD  
 City STATHAM State GA Zip Code 30666-2549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.743184**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. DAVID S. MACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2115 LINWOOD AVE

City State Zip Code  
FORT LEE NJ 07024-5020

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

Name of Employer Occupation  
MACK MANAGEMENT & CONSTRUCTION CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2015  
**Transaction ID : SA11.740789**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. MR. JOSHUA MACKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1690 N. DRUID HILLS ROAD N.E.

City State Zip Code  
ATLANTA GA 30319-4154

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

Name of Employer Occupation  
FROGUECLARK, LLC DIRECTOR GOV'T RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2015  
**Transaction ID : SA11.727787**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MRS. ELLAUISE L. MADDOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 4731 BONITA BAY BLVD., UNIT 2104

City State Zip Code  
BONITA SPRINGS FL 34134-6716

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2015  
**Transaction ID : SA11.742288**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL R. MAGUIRE**

Mailing Address 2893 CASTLEWOOD DRIVE

City ATLANTA State GA Zip Code 30327-1203

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

Name of Employer Occupation  
SUN TRUST BANKS, INC. INVESTMENT BANKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740828**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM M. MATTHEWS**

Mailing Address 380 N. LAKE WAY

City PALM BEACH State FL Zip Code 33480-3630

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

Name of Employer Occupation  
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740819**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. HAMMOND MALLOY MCDANIEL**

Mailing Address 2407 CAMERON MILLS ROAD

City ALEXANDRIA State VA Zip Code 22302-3302

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : SA11.759506**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. JON D. MCKEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1540 E. BANK DRIVE  
 City MARIETTA State GA Zip Code 30068-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FRAZIER & DEETER Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740800**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MS. LINDA MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 S. LAKE AVENUE  
 City PASADENA State CA Zip Code 91101-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ONE GLOBAL MEDIATION Occupation ATTORNEY/MEDIATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740801**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. RICK MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 W. PEACHTREE STREET 14TH FL.  
 City ATLANTA State GA Zip Code 30309-3449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRYAN CAVE LLP Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740811**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. RICK MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 W. PEACHTREE STREET 14TH FL.

City	State	Zip Code
ATLANTA	GA	30309-3449

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

Name of Employer	Occupation
BRYAN CAVE LLP	ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : SA11.740812**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B. MR. CHRISTOPHER R. MOYA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 VILLAGE SQUARE BLVD., SUITE 3

City	State	Zip Code
TALLAHASSEE	FL	32312-1250

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : SA11.740900**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

**C. MR. VERNON J. NAGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3765 PACES RIDGE NW

City	State	Zip Code
ATLANTA	GA	30327-3018

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : SA11.740894**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 40 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. ALBERT NAHMED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 TAIHITI ISLAND GROVE  
 City State Zip Code  
 CORAL GABLES FL 33143-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.760307**  
 Amount of Each Receipt this Period  
 10400.00  
 CONTRIBUTION

**B. MRS. JANE NAHMED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 TAIHITI ISLAND GROVE  
 City State Zip Code  
 CORAL GABLES FL 33143-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.760306**  
 Amount of Each Receipt this Period  
 10400.00  
 CONTRIBUTION

**C. MRS. CLAUDIA NAVARRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7000 SW 97TH AVENUE #201  
 City State Zip Code  
 MIAMI FL 33173-1492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7828.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11.756902**  
 Amount of Each Receipt this Period  
 7228.78  
 CONTRIBUTION  
 IN KIND: CATERING

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 28028.78  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. SRINIVASA NIMMAGADDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4365 HASTINGS DRIVE  
 City CUMMING State GA Zip Code 30041-5853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740897**  
 Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B. MRS. YASMIN E. OCHSHORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 CHAMPIONSHIP COURT  
 City LAS VEGAS State NV Zip Code 89134-0513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VENETIAN HOTEL & RESORT Occupation EXECUTIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.769595**  
 Amount of Each Receipt this Period  
 10400.00  
 CONTRIBUTION  
 REFUNDED \$2,700.00 ON 06/26/2015

**C. MS. MAUREEN T. PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24686 W. MIDDLE FORK ROAD  
 City BARRINGTON State IL Zip Code 60010-2441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CEANNATE CORP. Occupation PRESIDENT & COO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.755189**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. THOMAS PETERFFY**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 CONYERS FARM DRIVE

City GREENWICH State CT Zip Code 06831-2736

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740787**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**B. MR. EVAN POWER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2740 W. THARPE STREET, APT. 307

City TALLAHASSEE State FL Zip Code 32303-8526

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.773303A**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

CHARGED BACK \$1,500.00 ON 04/21/2015

**C. MR. EVAN POWER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2740 W. THARPE STREET, APT. 307

City TALLAHASSEE State FL Zip Code 32303-8526

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : SA11.773303B**

Amount of Each Receipt this Period  
 -1500.00

CONTRIBUTION

CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**Rubio Victory Committee**

**A. MR. JAMES M. PRICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 W. KINGSTON ROAD  
 City ROSEMARY BEACH State FL Zip Code 32461-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GRAYTON BEER COMPANY LLC Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740833**  
 Amount of Each Receipt this Period 10400.00  
 CONTRIBUTION

**B. MS. BONNIE L. RE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2646 NW 63 PLACE  
 City BOCA RATON State FL Zip Code 33496-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 01 / 2015  
**Transaction ID : SA11.727220**  
 Amount of Each Receipt this Period 275.00  
 CONTRIBUTION

**C. MR. DONALD B. READ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16069 NW LAKESIDE LANE  
 City BRISTOL State FL Zip Code 32321-3933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740899**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. JAMES T. REDD**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 PHARR ROAD NE UNIT 2304

City ATLANTA State GA Zip Code 30305-2496

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

Name of Employer PRIVET FUND MANAGEMENT Occupation INVESTMENT ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : SA11.742095**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. MR. JAMES A. ROBERTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5954 NW 74TH TERRACE

City PARKLAND State FL Zip Code 33067-1225

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

Name of Employer ALLEGENTS Occupation PRESIDENT/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7700.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.769596**

Amount of Each Receipt this Period 10400.00

CONTRIBUTION

REFUNDED \$2,700.00 ON 06/26/2015

**C. MR. STEPHEN G. ROMIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 HOLLYWOOD DRIVE

City METAIRIE State LA Zip Code 70005-3917

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

Name of Employer LAPORTE CPA'S AND BUSINESS ADVISORS Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2015  
**Transaction ID : SA11.755182**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 11150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. JASON ROSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5630 EAST NAUNI VALLEY DRIVE

City	State	Zip Code
PARADISE VALLEY	AZ	85253-5125

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

Name of Employer	Occupation
ROSE LAW GROUP	FOUNDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		12		2015

**Transaction ID : SA11.727736**

Amount of Each Receipt this Period  

5400.00
---------

**CONTRIBUTION**

**B. MR. JASON ROSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5630 EAST NAUNI VALLEY DRIVE

City	State	Zip Code
PARADISE VALLEY	AZ	85253-5125

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

Name of Employer	Occupation
ROSE LAW GROUP	FOUNDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		12		2015

**Transaction ID : SA11.727737**

Amount of Each Receipt this Period  

5000.00
---------

**CONTRIBUTION**

**C. MR. BENJAMIN ROSENZWEIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 2993 DALE DRIVE NE

City	State	Zip Code
ATLANTA	GA	30305-2720

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

Name of Employer	Occupation
PRIVET FUND MANAGEMENT LLC	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		10		2015

**Transaction ID : SA11.727652**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. SCOTT L. ROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3580 MOSSY CREEK LANE

City TALLAHASSEE State FL Zip Code 32311-3641

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

Name of Employer FLORIDIAN PARTNERS, L.L.C. Occupation GOVERNMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740892**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. MR. DANIEL SALAMA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3102 NW 82 WAY

City COOPER CITY State FL Zip Code 33024-3257

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

Name of Employer MCNA DENTAL Occupation MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.769597**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

REFUNDED \$2,300.00 ON 06/26/2015

**C. MRS. CORRINE SANDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 ST. PIERRE ROAD

City LOS ANGELES State CA Zip Code 90077-3432

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.727786**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 17500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. LENNY SANDS**

Mailing Address 321 ST. PIERRE ROAD

City State Zip Code  
LOS ANGELES CA 90077-3432

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

Name of Employer Occupation  
CAPITAL BRANDS DIRECT MARKETING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2015

**Transaction ID : SA11.727788**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DWIGHT C. SCHAR**

Mailing Address 1300S OCEAN BLVD.

City State Zip Code  
PALM BEACH FL 33480-5019

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SA11.727326**

Amount of Each Receipt this Period  
10400.00

CONTRIBUTION

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. MR. DWIGHT C. SCHAR**

Mailing Address 1300S OCEAN BLVD.

City State Zip Code  
PALM BEACH FL 33480-5019

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2015

**Transaction ID : SA11.760291**

Amount of Each Receipt this Period  
-5200.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. MARTHA M. SCHAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300S OCEAN BLVD.

City PALM BEACH State FL Zip Code 33480-5019

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2015

**Transaction ID : SA11.760290**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B. MR. JOHN F. SCHRAUDENBACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2545 SUGARLOST CLUB DRIVE

City DULUTH State GA Zip Code 30097-7406

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

Name of Employer ERNST & YOUNG Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2015

**Transaction ID : SA11.727784**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. MR. CHARLES A. SCHUMACHER SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 CLARENDON AVENUE

City PALM BEACH State FL Zip Code 33480-4905

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

Name of Employer SCHUMAKER AUTO GROUP Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SA11.740790**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. HANK COLLUM SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 HUNT CLUB ROAD

City BARNWELL State SC Zip Code 29812-8207

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

Name of Employer COLLUM'S LUMBER PRODUCTS, LLC Occupation CEO/OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 04 / 17 / 2015  
Transaction ID : SA11.740791

Amount of Each Receipt this Period 5400.00

CONTRIBUTION

**B. MRS. VIKKI B. SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 HUNT CLUB ROAD

City BARNWELL State SC Zip Code 29812-8207

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7700.00

Date of Receipt 04 / 17 / 2015  
Transaction ID : SA11.769600

Amount of Each Receipt this Period 10400.00

CONTRIBUTION

REFUNDED \$2,700.00 ON 06/26/2015

**C. MR. GEORGE E. SEAY III**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 N. SAINT PAUL STREET SUITE 3500

City DALLAS State TX Zip Code 75201-3869

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

Name of Employer ANNANDALE CAPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 12 / 2015  
Transaction ID : SA11.723569

Amount of Each Receipt this Period 10000.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....▶ 15800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MR. GEORGE E. SEAY III**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 N. SAINT PAUL STREET  
SUITE 3500

City DALLAS State TX Zip Code 75201-3869

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

Name of Employer ANNANDALE CAPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 15 / 2015  
Transaction ID : SA11.769365

Amount of Each Receipt this Period  
-5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B. MRS. GRETCHEN SEAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 N. SAINT PAUL STREET  
SUITE 3500

City DALLAS State TX Zip Code 75201-3869

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

Name of Employer CLEAR SIGHT ADVISORS Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 15 / 2015  
Transaction ID : SA11.769364

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C. MR. KARL A. SENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 WEST THIRD STREET

City KENNER State LA Zip Code 70062-7007

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

Name of Employer KARL SENNER, LLC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 20 / 2015  
Transaction ID : SA11.755191

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**Rubio Victory Committee**

**A. MS. KAREN L. SEPKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 POEYFARRE STREET UNIT 201

City	State	Zip Code
NEW ORLEANS	LA	70130-3899

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

Name of Employer	Occupation
RED BEAN REALTY	OWNER/BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11.740846**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MS. FRANCES SHEFFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9104 EAGLES RIDGE DRIVE

City	State	Zip Code
TALLAHASSEE	FL	32312-4136

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11.740903**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

**C. MR. THOMAS SHOEMAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 N. 4TH STREET

City	State	Zip Code
WATERVILLE	OH	43566-1314

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SA11.750163**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. KYLE D. SHOOTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 SKYVIEW DRIVE

City PANAMA CITY BEACH State FL Zip Code 32408-7658

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

Name of Employer SYSTEM SERVICE & ENGINEERING, INC. Occupation CONTRACTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740831**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MRS. ANNETTE C. SIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5915 DELOACHE AVENUE

City DALLAS State TX Zip Code 75225-3006

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740795**

Amount of Each Receipt this Period  
 10400.00

CONTRIBUTION

**C. MRS. PATRICIA E. SIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3957 PARADISE VIEW DRIVE

City PARADISE VALLEY State AZ Zip Code 85253-3808

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.773285**

Amount of Each Receipt this Period  
 -500.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional).....▶ 10900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Rubio Victory Committee**

**A. MS. CATHERINE A. SINKYS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 W. END AVENUE  
 City NEW YORK State NY Zip Code 10024-4926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : SA11.741856**  
 Amount of Each Receipt this Period 220.00  
 CONTRIBUTION

**B. MR. JAMES H. SLONINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 E. 2ND STREET  
 City LYNN HAVEN State FL Zip Code 32444-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PANHANDLE ENGINEERING, INC. Occupation PRESIDENT/ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740832**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MRS. DIANE G. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 BUTTS ROAD SUITE 320  
 City BOCA RATON State FL Zip Code 33431-7453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740788**  
 Amount of Each Receipt this Period 5200.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. THOMAS W. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 BUTTS ROAD STE. 320

City	State	Zip Code
BOCA RATON	FL	33431-7453

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

Name of Employer	Occupation
PRESCOTT INVESTORS, INC	FOUNDING PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740783**

Amount of Each Receipt this Period  
 5200.00

CONTRIBUTION

**B. MRS. KRIS M. SPAIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2926 RIVERMEADE DRIVE NW

City	State	Zip Code
ATLANTA	GA	30327-2012

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740898**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MR. RICHARD A. SPERBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6835 WILDLIFE ROAD

City	State	Zip Code
MALIBU	CA	90265-4306

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	UNEMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740835**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MS. JOY SPRAGENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7426 FISHER ISLAND DRIVE  
 City MIAMI BEACH State FL Zip Code 33109-0765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740845**  
 Amount of Each Receipt this Period  
 10400.00  
 CONTRIBUTION

**B. MR. JAMES STARCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4181 MANCHESTER AVENUE  
 City ENCINITAS State CA Zip Code 92024-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2015  
**Transaction ID : SA11.750911**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. RICHARD E. STEED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1525 MISTY OAKS DRIVE  
 City ATLANTA State GA Zip Code 30350-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740826**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 11650.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. PETER LOUIS STREIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 POPE HILL ROAD  
 City ARGYLE State NY Zip Code 12809-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : SA11.742297**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**B. MR. EDWARD ALAN STRONGIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 NW 84TH TERRACE  
 City COOPER CITY State FL Zip Code 33024-5293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCNA DENTAL Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740802**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. MR. BARRON STROTHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1380  
 City SANTA ROSA BEACH State FL Zip Code 32459-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONTINENTAL PACIFIC LLC Occupation MEMBER/MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740834**  
 Amount of Each Receipt this Period 7500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 57 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. ELIZABETH PIPES SWANSON**  
 Mailing Address P.O. BOX 148  
 1050 OAKVILLE CROSS ROAD  
 City OAKVILLE State CA Zip Code 94562-0148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3556.00

Date of Receipt  
 04 / 13 / 2015  
**Transaction ID : SA11.727780**  
 Amount of Each Receipt this Period  
 3556.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. ARMANDO A. TABERNILLA**  
 Mailing Address 213 E. LAKEWOOD ROAD  
 City WEST PALM BEACH State FL Zip Code 33405-3315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **FLORIDA CRYSTALS CORPORATION** Occupation **ATTORNEY**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 04 / 21 / 2015  
**Transaction ID : SA11.742093**  
 Amount of Each Receipt this Period  
 5000.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN S. TRENT**  
 Mailing Address P.O. BOX 2514  
 City PALM BEACH State FL Zip Code 33480-2514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **REAL ESTATE/PRIVATE INVESTOR**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 17 / 2015  
**Transaction ID : SA11.740778**  
 Amount of Each Receipt this Period  
 1000.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9556.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. DR. CHRISTOPHER J. TROIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3021 LAKE SHORE DRIVE  
 City DEERFIELD BEACH State FL Zip Code 33442-7929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.743243**  
 Amount of Each Receipt this Period 220.00  
 CONTRIBUTION

**B. WENDY TURNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 243 EAGLE DR.  
 City PANAMA CITY BEACH State FL Zip Code 32407-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7200.00

Date of Receipt 04 / 13 / 2015  
**Transaction ID : SA11.760309**  
 Amount of Each Receipt this Period 7200.00  
 CONTRIBUTION

**C. MRS. NICOLE WEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 BEVERLY RIDGE TERRACE  
 City BEVERLY HILLS State CA Zip Code 90210-1343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7700.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : SA11.773127**  
 Amount of Each Receipt this Period 9400.00  
 CONTRIBUTION  
 REFUNDED \$1,700.00 ON 06/30/2015

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16820.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. DEBORA J. WEINSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2927 RHONE DRIVE  
 City PALM BEACH GARDENS State FL Zip Code 33410-1265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740785**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. ED WENGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 SE 5TH AVENUE  
 City BOCA RATON State FL Zip Code 33432-5519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740836**  
 Amount of Each Receipt this Period  
 5400.00  
 CONTRIBUTION

**C. MR. ROBERT C. WETENHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 PARK AVENUE  
 City NEW YORK State NY Zip Code 10022-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation PRIVATE INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740824**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MR. JIMMY S. WHITED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7232 FISHER ISLAND DRIVE  
 City MIAMI BEACH State FL Zip Code 33109-0737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN SOUTHWEST INSURANCE MANA Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5200.00**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : SA11.773217**  
 Amount of Each Receipt this Period **4300.00**  
 CONTRIBUTION  
 REFUNDED \$4,100.00 ON 06/30/2015

**B. MRS. ANDREA WYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 LAS VEGAS BLVD. S.  
 City LAS VEGAS State NV Zip Code 89109-1967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **7700.00**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : SA11.769601**  
 Amount of Each Receipt this Period **10400.00**  
 CONTRIBUTION  
 REFUNDED \$2,700.00 ON 06/26/2015

**C. MR. STEVE A. WYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 LAS VEGAS BLVD. S.  
 City LAS VEGAS State NV Zip Code 89109-1967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WYNN RESORTS Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **7700.00**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : SA11.769602**  
 Amount of Each Receipt this Period **10400.00**  
 CONTRIBUTION  
 REFUNDED \$2,700.00 ON 06/26/2015

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>25100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 61 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. MRS. DEBORAH YUDES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 HARBOR BLVD. UNIT 841  
 City State Zip Code  
 WEEHAWKEN NJ 07086-6729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : SA11.727526**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

**B. BARNEY BISHOP CONSULTING LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 SOUTH MONROE STREET, SUITE 201  
 City State Zip Code  
 TALLAHASSEE FL 32301-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740888**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION  
 ATTRIBUTION TO PARTNERS REQUESTED

**C. H. IRWIN LEVY, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 FORUM PLACE, SUITE 500  
 City State Zip Code  
 WEST PALM BEACH FL 33401-8103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11.740887**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION  
 ATTRIBUTION TO PARTNERS REQUESTED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	511149.78

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 129
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. JM FAMILY ENTERPRISES, INC. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 JIM MORAN BLVD.  
City DEERFIELD BEACH State FL Zip Code 33442-1701  
FEC ID number of contributing federal political committee. **C** C00240911  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : SA11.743396**  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**B. STRATEGY PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3048 SHOREWOOD DRIVE  
City OSHKOSH State WI Zip Code 54901-1648  
FEC ID number of contributing federal political committee. **C** C00497842  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11.740886**  
Amount of Each Receipt this Period 10000.00  
CONTRIBUTION

**C. UNITED HEALTH SERVICES PAC INC.**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1210  
City TOCCOA State GA Zip Code 30577-1421  
FEC ID number of contributing federal political committee. **C** C00400135  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : SA11.742091**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Annie Baker**

Mailing Address 503 C St., NE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB.66**

Amount of Each Disbursement this Period

2276.64

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB.104**

Amount of Each Disbursement this Period

198.10

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Hertz**

Mailing Address 3900 NW 25th St

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB.103**

Amount of Each Disbursement this Period

373.20

**[MEMO ITEM]**

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

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

2276.64

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Hyatt Miami**

Mailing Address 225 E. Coastline Dr.

City Jacksonville State FL Zip Code 32202

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

Transaction ID : **SB.105**

Amount of Each Disbursement this Period

404.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Marriott Miami**

Mailing Address 1633 N Bayshore Dr

City Miami State FL Zip Code 33132

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

Transaction ID : **SB.101**

Amount of Each Disbursement this Period

515.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 6731 Frontier Dr

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

Transaction ID : **SB.100**

Amount of Each Disbursement this Period

153.59

[MEMO ITEM]

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P.O. Box 660794

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Cell Phone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

Transaction ID : **SB.102**

Amount of Each Disbursement this Period

132.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Annie Baker**

Mailing Address 503 C St., NE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Transaction ID : **SB.68**

Amount of Each Disbursement this Period

2946.63

Full Name (Last, First, Middle Initial)

**C. Drea Byars**

Mailing Address 171 Carriage Hill Dr

City Lexington State SC Zip Code 29072

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : **SB.76**

Amount of Each Disbursement this Period

3220.00

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

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

6166.63

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. MRS. CLAUDIA NAVARRO**

Mailing Address 7000 SW 97TH AVENUE #201

City MIAMI State FL Zip Code 33173-1492

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : SB21B.756902**

Amount of Each Disbursement this Period

7228.78

IN KIND: CATERING

Full Name (Last, First, Middle Initial)

**B. Anna Rogers**

Mailing Address 503 C St., NE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : SB.69**

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

**C. Maianne Sahl**

Mailing Address 16714 Fitzhugh Road

City Dripping Springs State TX Zip Code 78620

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB.75**

Amount of Each Disbursement this Period

2790.00

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

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

22018.78

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : SB.46**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB.48**

Amount of Each Disbursement this Period

2975.58

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : SB.52**

Amount of Each Disbursement this Period

7.95

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

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

2991.48

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : SB.54**

Amount of Each Disbursement this Period

6832.21

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : SB.58**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SB.60**

Amount of Each Disbursement this Period

32.39

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

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

6872.55

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

**Transaction ID : SB.47**

Amount of Each Disbursement this Period

24.95
-------

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

**Transaction ID : SB.53**

Amount of Each Disbursement this Period

24.95
-------

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

**Transaction ID : SB.59**

Amount of Each Disbursement this Period

24.95
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

74.85
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address P.O. Box 24747

City Tampa State FL Zip Code 33623

Purpose of Disbursement  
See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB.1**

Amount of Each Disbursement this Period

24482.58

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB.110**

Amount of Each Disbursement this Period

468.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB.111**

Amount of Each Disbursement this Period

437.50

[MEMO ITEM]

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

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

24482.58

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City State Zip Code  
Fort Worth TX 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.112

Amount of Each Disbursement this Period

541.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City State Zip Code  
Fort Worth TX 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.113

Amount of Each Disbursement this Period

430.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City State Zip Code  
Fort Worth TX 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.114

Amount of Each Disbursement this Period

301.10

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City State Zip Code  
Fort Worth TX 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.115**

Amount of Each Disbursement this Period

652.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City State Zip Code  
Fort Worth TX 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.116**

Amount of Each Disbursement this Period

857.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City State Zip Code  
Fort Worth TX 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.117**

Amount of Each Disbursement this Period

360.10

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 433 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.118**

Amount of Each Disbursement this Period

163.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.119**

Amount of Each Disbursement this Period

534.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.120**

Amount of Each Disbursement this Period

-218.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. BAUER WINES**

Mailing Address 330 Newbury St.

City Boston State MA Zip Code 02115

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.121

Amount of Each Disbursement this Period

103.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Carey**

Mailing Address 5700 W. Minnesota Bldg B

City Indianapolis State IN Zip Code 46241

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.122

Amount of Each Disbursement this Period

1374.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Carey**

Mailing Address 5700 W. Minnesota Bldg B

City Indianapolis State IN Zip Code 46241

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.123

Amount of Each Disbursement this Period

687.81

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Chick-Fil-A**

Mailing Address 2250 N Federal Highway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SB.124

Amount of Each Disbursement this Period

17.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. City Club of Buckhead**

Mailing Address 3343 Peachtree Rd  
Ste. 1850

City Atlanta State GA Zip Code 30326

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SB.125

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. City Club of Buckhead**

Mailing Address 3343 Peachtree Rd  
Ste. 1850

City Atlanta State GA Zip Code 30326

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SB.126

Amount of Each Disbursement this Period

3118.63

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Del Friscos**

Mailing Address 1221 Avenue of the Americas

City New York State NY Zip Code 10020

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.127

Amount of Each Disbursement this Period

189.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.128

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.129

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

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

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

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

### A. Delta Air

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.130

Amount of Each Disbursement this Period

452.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. Delta Air

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.131

Amount of Each Disbursement this Period

552.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. Delta Air

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.132

Amount of Each Disbursement this Period

192.10

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.133**

Amount of Each Disbursement this Period

552.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.134**

Amount of Each Disbursement this Period

728.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.135**

Amount of Each Disbursement this Period

255.10

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.136

Amount of Each Disbursement this Period

509.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.137

Amount of Each Disbursement this Period

537.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.138

Amount of Each Disbursement this Period

256.10

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.139**

Amount of Each Disbursement this Period

446.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Doubletree Hotel**

Mailing Address 60 South Ivanhoe Blvd.

City Orlando State FL Zip Code 32804

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.140**

Amount of Each Disbursement this Period

323.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Doubletree Hotel**

Mailing Address 60 South Ivanhoe Blvd.

City Orlando State FL Zip Code 32804

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.141**

Amount of Each Disbursement this Period

313.88

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Doubletree Hotel**

Mailing Address 60 South Ivanhoe Blvd.

City Orlando State FL Zip Code 32804

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.142

Amount of Each Disbursement this Period

313.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.143

Amount of Each Disbursement this Period

53.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.144

Amount of Each Disbursement this Period

61.46

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.145**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.146**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.147**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.148**

Amount of Each Disbursement this Period

76.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.149**

Amount of Each Disbursement this Period

26.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.150**

Amount of Each Disbursement this Period

117.73

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.151**

Amount of Each Disbursement this Period

191.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.152**

Amount of Each Disbursement this Period

54.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Gogoair**

Mailing Address 1250 North Arlington Heights Rd  
Suite 500

City Itasca State IL Zip Code 60143

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.153**

Amount of Each Disbursement this Period

9.95

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Gogoair**

Mailing Address 1250 North Arlington Heights Rd  
Suite 500

City Itasca State IL Zip Code 60143

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.154**

Amount of Each Disbursement this Period

9.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Hertz**

Mailing Address 3900 NW 25th St

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.155**

Amount of Each Disbursement this Period

390.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hertz**

Mailing Address 3900 NW 25th St

City Miami State FL Zip Code 33142

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.156**

Amount of Each Disbursement this Period

282.59

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.157**

Amount of Each Disbursement this Period

139.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Hilton Hotels**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.158**

Amount of Each Disbursement this Period

134.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hilton Hotels**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.159**

Amount of Each Disbursement this Period

134.47

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.160**

Amount of Each Disbursement this Period

245.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Hilton Hotels**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.161**

Amount of Each Disbursement this Period

213.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hilton Hotels**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.162**

Amount of Each Disbursement this Period

206.44

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Jet Blue**

Mailing Address 11829 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB.163**

Amount of Each Disbursement this Period

3.99
------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jet Blue**

Mailing Address 11829 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB.164**

Amount of Each Disbursement this Period

3.99
------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jet Blue**

Mailing Address 11829 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB.165**

Amount of Each Disbursement this Period

-45.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Jet Blue**

Mailing Address 11829 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SB.166**

Amount of Each Disbursement this Period

-689.97
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jet Blue**

Mailing Address 11829 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SB.167**

Amount of Each Disbursement this Period

734.97
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mailchimp**

Mailing Address 675 Ponce de Leon Ave., NE  
Ste. 5000

City State Zip Code  
Atlanta GA 30308

Purpose of Disbursement  
Web Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SB.168**

Amount of Each Disbursement this Period

30.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. MyBadges.com**

Mailing Address 1582 Gulf Dr  
Box 1429

City Point Roberts State WA Zip Code 98281

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.169**

Amount of Each Disbursement this Period

320.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Orbitz**

Mailing Address 500 W. Madison  
#1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.170**

Amount of Each Disbursement this Period

27.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Orbitz**

Mailing Address 500 W. Madison  
#1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.171**

Amount of Each Disbursement this Period

21.99

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. SANDPIPER OF IDAHO**

Mailing Address 750 Lindsay Blvd.

City Idaho Falls State ID Zip Code 83402

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.172

Amount of Each Disbursement this Period

49.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.173

Amount of Each Disbursement this Period

-466.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Tom Mathieu & Co.**

Mailing Address 312 Worth Ave.  
#D

City Palm Beach State FL Zip Code 33480

Purpose of Disbursement  
Event Flowers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB.174

Amount of Each Disbursement this Period

147.80

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Mathieu & Co.**

Mailing Address 312 Worth Ave.  
#D

City State Zip Code  
Palm Beach FL 33480

Purpose of Disbursement  
Event Flowers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SB.175**

Amount of Each Disbursement this Period

147.80
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City State Zip Code  
San Francisco CA 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SB.176**

Amount of Each Disbursement this Period

41.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City State Zip Code  
San Francisco CA 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : SB.177**

Amount of Each Disbursement this Period

38.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.178**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.179**

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.180**

Amount of Each Disbursement this Period

31.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.181**

Amount of Each Disbursement this Period

7.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.182**

Amount of Each Disbursement this Period

14.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.183**

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.184**

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.185**

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.186**

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.187**

Amount of Each Disbursement this Period: 14.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.188**

Amount of Each Disbursement this Period: 41.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.189**

Amount of Each Disbursement this Period: 5.94

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : SB.190**

Amount of Each Disbursement this Period

46.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : SB.191**

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : SB.192**

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB.193**

Amount of Each Disbursement this Period

1	8	.	0	0
---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB.194**

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB.195**

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

**[MEMO ITEM]**

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

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

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.196**

Amount of Each Disbursement this Period

46.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.197**

Amount of Each Disbursement this Period

49.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.198**

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address P.O. Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB.199**

Amount of Each Disbursement this Period

666.10
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address P.O. Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB.200**

Amount of Each Disbursement this Period

666.10
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address P.O. Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB.201**

Amount of Each Disbursement this Period

347.60
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address P.O. Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2015

Transaction ID : **SB.202**

Amount of Each Disbursement this Period: 42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address P.O. Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2015

Transaction ID : **SB.203**

Amount of Each Disbursement this Period: 76.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Us Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2015

Transaction ID : **SB.204**

Amount of Each Disbursement this Period: 429.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Us Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.205**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Us Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.206**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Us Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.207**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Us Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.208**

Amount of Each Disbursement this Period: 290.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Us Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.209**

Amount of Each Disbursement this Period: 329.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Vertis**

Mailing Address PO Box 403217

City Atlanta State GA Zip Code 30384

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SB.210**

Amount of Each Disbursement this Period: 47.17

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Vertis**

Mailing Address PO Box 403217

City Atlanta State GA Zip Code 30384

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB.211**

Amount of Each Disbursement this Period

45.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WB MASON**

Mailing Address 647 Summer St.  
#5

City Boston State MA Zip Code 02303

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB.212**

Amount of Each Disbursement this Period

55.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WB MASON**

Mailing Address 647 Summer St.  
#5

City Boston State MA Zip Code 02303

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB.213**

Amount of Each Disbursement this Period

21.21

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
Data Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : SB.41**

Amount of Each Disbursement this Period

208.50

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
Data Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

**Transaction ID : SB.42**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
Data Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

**Transaction ID : SB.43**

Amount of Each Disbursement this Period

755.35

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

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

988.85

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Data Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB.44**

Amount of Each Disbursement this Period: 7153.26

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Data Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : SB.45**

Amount of Each Disbursement this Period: 1422.77

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 09 / 2015

**Transaction ID : SB.49**

Amount of Each Disbursement this Period: 50.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8626.28

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Road Ste. 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
Data Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2015

**Transaction ID : SB.70**

Amount of Each Disbursement this Period

1659.23

Full Name (Last, First, Middle Initial)

**B. D. Moss & Company LLC**

Mailing Address 425 5th St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2015

**Transaction ID : SB.88**

Amount of Each Disbursement this Period

9412.67

Full Name (Last, First, Middle Initial)

**C. Drago Catering**

Mailing Address 415 N. Beverly Dr., Ste. 208

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB.2**

Amount of Each Disbursement this Period

5373.92

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

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

16445.82

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. ePay Business Solutions**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 22314

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2015

Transaction ID : SB.67

Amount of Each Disbursement this Period

2005.27

Full Name (Last, First, Middle Initial)

**B. ePay Business Solutions**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 22314

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2015

Transaction ID : SB.71

Amount of Each Disbursement this Period

33.90

Full Name (Last, First, Middle Initial)

**C. First Tuesday Strategies LLC**

Mailing Address 1301 Gervais Street Ste. 520

City Columbia State SC Zip Code 29201

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SB.80

Amount of Each Disbursement this Period

6000.00

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

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

8039.17

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

### A. FLS Connect LLC

Mailing Address 7300 Hudson Blvd. Ste. 270

City State Zip Code  
Saint Paul MN 55128

Purpose of Disbursement  
List Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB.85

Amount of Each Disbursement this Period

1	1	7	.	8	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Holtzman Vogel Josefiak LLC

Mailing Address 45 North Hill Drive Ste. 100

City State Zip Code  
Warrenton VA 20186

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : SB.82

Amount of Each Disbursement this Period

4	9	3	.	7	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Huckaby Davis Lisker

Mailing Address 228 S. Washington St Ste. 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : SB.81

Amount of Each Disbursement this Period

6	6	4	.	5	3	9
---	---	---	---	---	---	---

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

7	2	5	.	6	9	4
---	---	---	---	---	---	---

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

7	2	5	.	6	9	4
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Lovas Co. LLC**

Mailing Address 6740 W. Deer Valley Rd.

City Glendale State AZ Zip Code 85310

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

**Transaction ID : SB.72**

Amount of Each Disbursement this Period

7410.00

Full Name (Last, First, Middle Initial)

**B. Lovas Co. LLC**

Mailing Address 6740 W. Deer Valley Rd.

City Glendale State AZ Zip Code 85310

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : SB.79**

Amount of Each Disbursement this Period

3120.00

Full Name (Last, First, Middle Initial)

**C. M Co.**

Mailing Address 1002 East Griswold Rd.

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : SB.64**

Amount of Each Disbursement this Period

55.29

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

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

10585.29

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Miller Spence Group LLC**

Mailing Address PO Box 7557

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

**Transaction ID : SB.87**

Amount of Each Disbursement this Period

4	6	4	7	.	6	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Office of Tax & Revenue**

Mailing Address PO Box 419

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**Transaction ID : SB.65**

Amount of Each Disbursement this Period

4	1	8	.	1	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Paul Skinner Photography**

Mailing Address 5579B Chamblee-Dunwoody Rd., #422

City Dunwoody State GA Zip Code 30338

Purpose of Disbursement  
Event Photography

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB.3**

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

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

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

5	3	6	5	.	7	2
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Pluvios Group**

Mailing Address 515 S. Figueroa St. 16th FL

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB.77**

Amount of Each Disbursement this Period

11226.00

**B. Preferred Communications**

Mailing Address 815 King Street Suite 209

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Communications Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : **SB.63**

Amount of Each Disbursement this Period

160.00

**C. Red Curve Solutions**

Mailing Address 500 Cummings Center Ste. 4400 Suite 4400

City Beverly State MA Zip Code 01915

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : **SB.74**

Amount of Each Disbursement this Period

5060.59

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

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

16446.59



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Red Curve Solutions**

Mailing Address 500 Cummings Center Ste. 4400  
Suite 4400

City Beverly State MA Zip Code 01915

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

Transaction ID : **SB.86**

Amount of Each Disbursement this Period

5080.91

Full Name (Last, First, Middle Initial)

**B. Sandy James Productions Inc.**

Mailing Address 700 Florida Mango Rd.

City West Palm Beach State FL Zip Code 33406

Purpose of Disbursement  
Event Production

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

Transaction ID : **SB.4**

Amount of Each Disbursement this Period

4195.27

Full Name (Last, First, Middle Initial)

**C. TNTDAILEY, Inc.**

Mailing Address 924 Cherry Road

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : **SB.73**

Amount of Each Disbursement this Period

17890.00

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

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

27166.18

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. TNTDAILEY, Inc.**

Mailing Address 924 Cherry Road

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 13 / 2015

Transaction ID : **SB.78**

Amount of Each Disbursement this Period: 5552.58

Category/Type

Full Name (Last, First, Middle Initial)

**B. TSYS Merchant Solutions**

Mailing Address P.O. Box 13305

City Spokane State WA Zip Code 99213

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2015

Transaction ID : **SB.50**

Amount of Each Disbursement this Period: 57.85

Category/Type

Full Name (Last, First, Middle Initial)

**C. TSYS Merchant Solutions**

Mailing Address P.O. Box 13305

City Spokane State WA Zip Code 99213

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2015

Transaction ID : **SB.51**

Amount of Each Disbursement this Period: 61.85

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5672.28

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. TSYS Merchant Solutions**

Mailing Address P.O. Box 13305

City Spokane State WA Zip Code 99213

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2015

**Transaction ID : SB.55**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B. TSYS Merchant Solutions**

Mailing Address P.O. Box 13305

City Spokane State WA Zip Code 99213

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2015

**Transaction ID : SB.56**

Amount of Each Disbursement this Period

45.90

Full Name (Last, First, Middle Initial)

**C. TSYS Merchant Solutions**

Mailing Address P.O. Box 13305

City Spokane State WA Zip Code 99213

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : SB.61**

Amount of Each Disbursement this Period

41.90

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

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

129.70

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. TSYS Merchant Solutions**

Mailing Address P.O. Box 13305

City Spokane State WA Zip Code 99213

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
06 / 15 / 2015

**Transaction ID : SB.62**

Amount of Each Disbursement this Period

45.90

Full Name (Last, First, Middle Initial)

**B. United Valet Parking Inc.**

Mailing Address 5839 Green Valley Circle, Ste. 202

City Culver City State CA Zip Code 90230

Purpose of Disbursement  
Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 21 / 2015

**Transaction ID : SB.5**

Amount of Each Disbursement this Period

510.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

555.90

172162.23

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Marco Rubio for President**

Mailing Address 228 S. Washington St Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Distribution of net JFC Proceeds

Candidate Name  
**Marco Rubio**

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB.84**

Amount of Each Disbursement this Period

176061.43

Full Name (Last, First, Middle Initial)

**B. Reclaim America PAC**

Mailing Address 228 S. Washington St Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Distribution of net JFC proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB.83**

Amount of Each Disbursement this Period

288177.89

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

464239.32

464239.32

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. John D. Baker II**

Mailing Address 501 Riverside Ave., Ste. 500

City Jacksonville State FL Zip Code 32202

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB.34**

Amount of Each Disbursement this Period

2300.00
---------

Full Name (Last, First, Middle Initial)

**B. Mrs. William H. Clark**

Mailing Address 3716 Maplewood Ave.

City Dallas State TX Zip Code 75205

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SB.15**

Amount of Each Disbursement this Period

2200.00
---------

Full Name (Last, First, Middle Initial)

**C. Richard Davis**

Mailing Address 82 St. Andrews Lane

City Alamo State CA Zip Code 94507

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SB.9**

Amount of Each Disbursement this Period

5200.00
---------

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

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

9700.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

**A. Guillermo DeLaVina**

Full Name (Last, First, Middle Initial)

Mailing Address 13291 Ralston Ave.

City Sylmar State CA Zip Code 91342

Purpose of Disbursement Contribution Refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2015

**Transaction ID : SB.12**

Amount of Each Disbursement this Period: 1040.00

Category/Type

**B. Alex Fanjul**

Full Name (Last, First, Middle Initial)

Mailing Address 1 N. Clematis St.

City West Palm Beach State FL Zip Code 33401

Purpose of Disbursement Contribution Refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2015

**Transaction ID : SB.26**

Amount of Each Disbursement this Period: 100.00

Category/Type

**C. Glen Steve Feingold**

Full Name (Last, First, Middle Initial)

Mailing Address 200 W. Cypress Creek Rd., Ste. 500

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement Contribution Refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2015

**Transaction ID : SB.13**

Amount of Each Disbursement this Period: 2100.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3240.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Walter John Ganzi Jr.**

Mailing Address 8171 Bay Colony Dr., #1902

City Naples State FL Zip Code 34108

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB.35**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Anthony Gioia**

Mailing Address 925 Delaware Ave., Apt 7D

City BUffalo State NY Zip Code 14209

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB.27**

Amount of Each Disbursement this Period

120.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Donna Gioia**

Mailing Address 925 Delaware Ave. #7D

City Buffalo State NY Zip Code 14209

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB.33**

Amount of Each Disbursement this Period

2000.00

Category/  
Type

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

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

4620.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Susan Groff**

Mailing Address 9832 Calvin Ave.

City Northridge State CA Zip Code 91324

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.11**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ken Heitoff**

Mailing Address 4911 Fisher Island Dr.

City Miami Beach State FL Zip Code 33109

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.16**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Juan Larrea**

Mailing Address PO Box 16148

City San Juan State PR Zip Code 00908

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.8**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. William M. Matthews**

Mailing Address 380 N. Lake Way

City State Zip Code  
Palm Beach FL 33480

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SB.17**

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**B. Yasmin Ochshom**

Mailing Address 1001 Championship Ct.

City State Zip Code  
Las Vegas NV 89134

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SB.18**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**C. Balaji Rajan**

Mailing Address 490 Eton Dr.

City State Zip Code  
North Barrington IL 60010

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.28**

Amount of Each Disbursement this Period

240.00
--------

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

5540.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Sam Rashid**

Mailing Address PO Box 2190

City State Zip Code  
Brandon FL 33509

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB.39**

Amount of Each Disbursement this Period

4600.00

Full Name (Last, First, Middle Initial)

**B. James Robertson**

Mailing Address 5954 NW 74th Terrace

City State Zip Code  
Parkland FL 33067

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SB.19**

Amount of Each Disbursement this Period

2700.00

Full Name (Last, First, Middle Initial)

**C. Jim L. Rogers Jr.**

Mailing Address 205 N. Madison St.

City State Zip Code  
Quincy FL 32351

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SB.14**

Amount of Each Disbursement this Period

40.00

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

7340.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Rose**

Mailing Address 5630 E. Nauri Valley Dr.

City Paradise Valley State AZ Zip Code 85253

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.31**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Wilbur L. Ross JR.**

Mailing Address 328 El Vedado Rd.

City Palm Beach State FL Zip Code 33480

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.40**

Amount of Each Disbursement this Period

4600.00
---------

Full Name (Last, First, Middle Initial)

**C. Daniel Salama**

Mailing Address 3102 NW 82 Way

City Cooper City State FL Zip Code 33024

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SB.20**

Amount of Each Disbursement this Period

2300.00
---------

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

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

7900.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Vikki Scott**

Mailing Address 109 Hunt Club Rd.

City Barnwell State SC Zip Code 29812

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.21**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Harold B. Smith**

Mailing Address 200 W. Madison St., Ste. 3400

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.38**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Scott Spierling**

Mailing Address 100 Federal St., Ste. 3500

City Boston State MA Zip Code 02110

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.10**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Pipes Swanson**

Mailing Address PO Box 148

City State Zip Code  
Oakville CA 94562

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.23**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. W. Clarke Swanson Jr.**

Mailing Address PO Box 148

City State Zip Code  
Oakville CA 94562

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.22**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. John P. Tatum III**

Mailing Address 3800 Bryn Mawr Dr.

City State Zip Code  
Dallas TX 75225

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.36**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Anthony Trey Traviesa**

Mailing Address 5550 W Executive Dr  
Ste 550

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.7**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Eric Weider**

Mailing Address 20750 W. Ventura Blvd.  
#310

City Woodland Hills State CA Zip Code 91364

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.30**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Eric Weider**

Mailing Address 20750 W. Ventura Blvd.  
#310

City Woodland Hills State CA Zip Code 91364

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.6**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Nicole Weider**

Mailing Address 7 Beverly Ridge Terrace

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.32**

Amount of Each Disbursement this Period

1700.00
---------

Full Name (Last, First, Middle Initial)

**B. Thomas Wheeler**

Mailing Address 1221 Gulf Shore Blvd. N #502

City Naples State FL Zip Code 34102

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.29**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Jimmy S. Whited**

Mailing Address 7232 Fisher Island Dr.

City Miami Beach State FL Zip Code 33109

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.37**

Amount of Each Disbursement this Period

4100.00
---------

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

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

6200.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rubio Victory Committee**

Full Name (Last, First, Middle Initial)

**A. Andrea Wynn**

Mailing Address 3131 Las Vegas Blvd. S.

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.24**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Steve Wynn**

Mailing Address 3131 Las Vegas Blvd S.

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.25**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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