

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

12FE4M5

FRIENDS OF NEAL DUNN

ADDRESS (number and street) 2640A MITCHAM DRIVE

Check if different than previously reported. (ACC)

TALLAHASSEE

FL

32308

2. FEC IDENTIFICATION NUMBER

C C00582304

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

FL

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Abby Dupree

Signature of Treasurer Abby Dupree

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF NEAL DUNN

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="451734.41"/>	<input type="text" value="451734.41"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="451734.41"/>	<input type="text" value="451734.41"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="43005.45"/>	<input type="text" value="43005.45"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="43005.45"/>	<input type="text" value="43005.45"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="458728.96"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="50000.00"/>	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 167

Write or Type Committee Name

FRIENDS OF NEAL DUNN

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	428022.42	428022.42
(ii) Unitemized	9311.99	9311.99
(iii) TOTAL of contributions from individuals	437334.41	437334.41
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	9000.00
(d) The Candidate	5400.00	5400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	451734.41	451734.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	501734.41	501734.41

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43005.45	43005.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43005.45	43005.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	501734.41
25. SUBTOTAL (add Line 23 and Line 24).....	501734.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43005.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	458728.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Amin Abdelghany		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address PO Box 15728		Transaction ID : SA11AI.4514
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Avery D Adcock		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 1518 Thurso Road		Transaction ID : SA11AI.4726
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dan's Pawn	Occupation Pawnbroker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Rush E Akin		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 108 Harrison Place		Transaction ID : SA11AI.4219
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Riyadh Albibi		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 3724 Preserve Bay Blvd		Transaction ID : SA11AI.4151
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Gregg A Alexander		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Transaction ID : SA11AI.5012
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TOC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. James E Alver		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 522 Riviera Dr		Transaction ID : SA11AI.5109
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bay Area Urology	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
David Amerson

Mailing Address 949 Via Bolzano

City State Zip Code
Goleta CA 93117

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

Name of Employer Occupation
NeoTract Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Franklin L Anderson

Mailing Address 380 Wahoo Road

City State Zip Code
Panama City Beach FL 32411

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

Name of Employer Occupation
Anderson & Associates Construc President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Patricia J Anderson

Mailing Address 1908 Dewitt Street

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Alberto J Aran		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 570 Marquesa Dr		Transaction ID : SA11AI.4399	
City Coral Gables	State FL	Zip Code 33156	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Aran Eye Associates	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Mary Jo Arnold		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 990 Cypress Cove Way		Transaction ID : SA11AI.4944	
City Tarpon Springs	State FL	Zip Code 34688	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Urology Specialists of W FLA	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Linda L Artman		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2015	
Mailing Address PO Box 28466		Transaction ID : SA11AI.4117	
City Panama City	State FL	Zip Code 32411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Artist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Ngu Awantang		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2601 Baytree Court		Transaction ID : SA11AI.4379
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southern Ortho Specialists	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Hari Baddigam		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 3540 Preserve Blvd		Transaction ID : SA11AI.4318
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cardiology Associates	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Robert S Bain		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 3931 Inaian Springs Road		Transaction ID : SA11AI.4211
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bay Radiology Associates	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Emilio Balias		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 16810 SW 52nd Pl		Transaction ID : SA11AI.4397	
City Southwest Ranchers	State FL	Zip Code 33331	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Aran Eye Associates	Occupation Optometrist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Jim L Barr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 653 W 23rd Stret Box 185		Transaction ID : SA11AI.4617	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Gulf Coast State College	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Spencer Barrett		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address PO Box 270		Transaction ID : SA11AI.4851	
City Ocala	State FL	Zip Code 34478	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Barrett Liner	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 167
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Yaser S Bassel

Mailing Address 4801 Culbreath Isles Way

City Tampa State FL Zip Code 33629

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

Name of Employer Urology Specialists of W FLA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Belle Y Bear

Mailing Address 72 Highpoint Drive

City Gulf Breeze State FL Zip Code 32561

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Belle Y Bear

Mailing Address 72 Highpoint Drive

City Gulf Breeze State FL Zip Code 32561

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
 2300.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Lewis Bear Jr

Mailing Address 72 Highpoint Drive

City State Zip Code
Gulf Breeze FL 32561

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

Name of Employer Occupation
Lewis Bear Company President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Lewis Bear Jr

Mailing Address 72 Highpoint Drive

City State Zip Code
Gulf Breeze FL 32561

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

Name of Employer Occupation
Lewis Bear Company President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
 2300.00

C. Full Name (Last, First, Middle Initial)
David J Becker

Mailing Address 225 13th Ave S

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Occupation
Gastro Florida Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period
 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jay C Beiswanger

Mailing Address 526 Bunkers Cove Road

City Panama City State FL Zip Code 32401

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

Name of Employer PCUC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Derrick G Bennett

Mailing Address 3121 W 30th Court

City Panama City State FL Zip Code 32405

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Michael R Bennett

Mailing Address 5202 Finisterre Way

City Panama City Beach State FL Zip Code 32408

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

Name of Employer Self Employed Occupation Restaurant Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 167

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Samuel Neel Bennett

Mailing Address 15238 Front Beach Road

City Panama City Beach State FL Zip Code 32413

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

Name of Employer Occupation
 Sharkey's Restaurant Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Tony N Bennett

Mailing Address 3108 Preserve Rookery Blvd

City Panama City State FL Zip Code 32408

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

Name of Employer Occupation
 Health South Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Allan G Bense

Mailing Address 1405 W Beach Drive

City Panama City State FL Zip Code 32401

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

Name of Employer Occupation
 Bense Enterprises CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
 2700.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 15 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jason A Bense

Mailing Address 306 Meadowood Ct

City Lynn Haven State FL Zip Code 32444

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

Name of Employer Emerald Coast Striping Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Tonie L Bense

Mailing Address 1405 W Beach Drive

City Panama City State FL Zip Code 32401

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

Name of Employer N/A Occupation Homekaer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 3111 Garfield Street NW

City Washington State DC Zip Code 20008

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

Name of Employer King & Spalding Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period
 250.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 16 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Andrew H Borom

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Andrew H Borom

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5156

Amount of Each Receipt this Period
 1500.00
 In-kind - Food

C. Full Name (Last, First, Middle Initial)
Kenneth D Boyle

Mailing Address 688 Hawksbill Island Dr

City Satellite Beach State FL Zip Code 32937

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

Name of Employer Broward Vision Care Occupation Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period
 500.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

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

Mailing Address **PO Box 27178**

City **Panama City** State **FL** Zip Code **32411**

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

Name of Employer **Bay District Schools** Occupation **Architect**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Les M Brackett

Mailing Address **202 Forest Park Circle**

City **Panama City** State **FL** Zip Code **32405**

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

Name of Employer **AXA Advisors** Occupation **Financial Planner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert S Bradford

Mailing Address **2217 Demeron Road**

City **Tallahassee** State **FL** Zip Code **32308**

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

Name of Employer **Southeastern Urological Center** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Michelle Brandhorst		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015
Mailing Address 1102 E Gadsden St		Transaction ID : SA11AI.4551
City Pensacola	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sacred Heart Medical Group	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Charles A Brooks		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 1845 Jessica Road		Transaction ID : SA11AI.4930
City Clearwater	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Urology Specialists of W FLA	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Joe D Brown		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 2219 Cohran Road		Transaction ID : SA11AI.4342
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Allstate Insurance	Occupation Insurance	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 19 OF 167

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Evelyn L Brudnicki

Mailing Address 322 South Bonita Ave

City Panama City State FL Zip Code 32401

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Gregory M Brudnicki

Mailing Address 322 South Bonita Ave

City Panama City State FL Zip Code 32401

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

Name of Employer Kent Forest Lawn Funeral Home Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 3000 Woodland Dr NW

City Washington State DC Zip Code 20008

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period
 300.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Raviender Bukkapatnam

Mailing Address 92 Adratic Ave

City Tampa State FL Zip Code 33606

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5119

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Les W Burke

Mailing Address 324 South Bonita Ave

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Scott R Burkhart

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation Phychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5018

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Wesley L Burnham		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address PO Box 9850		Transaction ID : SA11AI.4692
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Real Estate Developer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Denise Burns-LeGros		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 395 Newport Drive		Transaction ID : SA11AI.4403
City Indialantic	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brevard Vision Care	Occupation Optometrist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Bill Butler		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 5206 Bayshore Blvd		Transaction ID : SA11AI.5150
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 In-kind - Food and Beverages
Name of Employer Butler Consulting Group	Occupation Gov't Relations	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Rollin Cable		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 3022 W 20th Court		Transaction ID : SA11AI.4609
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Therapy Services	Occupation Chairman	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) John M Cain Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 1490 SE Magnolia Ave		Transaction ID : SA11AI.4665
City Ocala	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ocala Regional Medical Center	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) J. T. Caldwell II		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2633 W 23rd Street		Transaction ID : SA11AI.4231
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Chiropractor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) James D Campbell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 3107 W 30th Court		Transaction ID : SA11AI.4417
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Orthodontist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) Jr Joseph L Camps		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 3800 Bobbin Brook Cir		Transaction ID : SA11AI.4268
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southeastern Urological Center	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Anthony L Cantwell		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 1103 Oxbridge Lane		Transaction ID : SA11AI.4137
City Ormond Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Ira Carnahan		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2015
Mailing Address 4011 Oliver Street		Transaction ID : SA11AI.4534
City Chevy Chase	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer T. Rowe Price	Occupation Investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Larry K Carroll Sr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 2939 W 30th Court		Transaction ID : SA11AI.4597
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coldwell Banker Carroll Realty	Occupation Real Estate Broker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. James L Cary		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 100 Montana Ave		Transaction ID : SA11AI.4225
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Clarence H Case

Mailing Address 2031 Misty Hollow Road

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
White Cap Consulting LLC Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Sean A Castellucci

Mailing Address 1003 Rivera Dunes Way

City State Zip Code
Palmetto FL 34221

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

Name of Employer Occupation
Urology Partners Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1600 Phillips Road

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Radiology Associates Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period
 1250.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 26 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Gilbert S Chandler

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2065 Venetian Way

City Winter Park State FL Zip Code 32789

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

Name of Employer Sheridan Healthcare Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Suzanne B Claussen

Mailing Address 3310 Harbour Pl

City Panama City State FL Zip Code 32405

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 27 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
James A Clemmons

Mailing Address **PO Box 741**

City **Chipley** State **FL** Zip Code **32428**

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

Name of Employer **Self Employed** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Girard L Clemons

Mailing Address **3001 W 10th St PH3**

City **Panama City** State **FL** Zip Code **32401**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period
250.00

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

Mailing Address **21013 Lake Vienna Drive**

City **Land O' Lakes** State **FL** Zip Code **34638**

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

Name of Employer **Cobbe Consulting & Management** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Armand B Cognitiona

Mailing Address 3908 W Millers Bridge Rd

City Tallahassee	State FL	Zip Code 32312
---------------------	-------------	-------------------

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

Name of Employer Dermatology Assoc of Tallahass	Occupation Dermatologist
--	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
250.00

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

Mailing Address 4124 Sneed Road

City Nashville	State TN	Zip Code 37215
-------------------	-------------	-------------------

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

Name of Employer Urology Associates	Occupation Physician
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Douglas P Cone

Mailing Address 500 NW 27th Ave

City Ocala	State FL	Zip Code 34475
---------------	-------------	-------------------

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

Name of Employer Cone Distributing	Occupation President
---------------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Donald P Connor		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 27554		Transaction ID : SA11AI.4351
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Donald P Connor		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 27554		Transaction ID : SA11AI.4353
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) Jacqueline Connor		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 27554		Transaction ID : SA11AI.4354
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
James T Cook III

Mailing Address 504 Cherry Street

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
James T Cook III

Mailing Address 504 Cherry Street

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
James T Cook III

Mailing Address 504 Cherry Street

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period
 1200.00

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 31 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jana Lee Cook

Mailing Address 504 Cherry St

City Panama City State FL Zip Code 32401

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Steven W Cox

Mailing Address PO Box 288

City Panama City State FL Zip Code 32402

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2251 W 23rd Street

City Panama City State FL Zip Code 32405

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

Name of Employer Bill Cramer Chevrolet Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period
 2700.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. William Cramer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 2251 W 23rd Street		Transaction ID : SA11AI.4494
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Bill Cramer Chevrolet	Occupation Owner	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) B. Susan M Craven		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 1015 W Caroline Blvd		Transaction ID : SA11AI.5160
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2582.46
Name of Employer Panama Pig Inc.	Occupation Owner	In-kind - Food and Event Supplies
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2582.46	

Full Name (Last, First, Middle Initial) C. Hilton E Creel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 5920 Ard Drive		Transaction ID : SA11AI.4619
City Youngstown	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer EPCI	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	5532.46
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 33 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Donald R Crisp

Mailing Address 7115 Thomas Dr Unit 1805

City State Zip Code
Panama City Beach FL 32408

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period
250.00

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

Mailing Address 7115 Thomas Drive Unit 1805

City State Zip Code
Panama City Beach FL 32408

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period
250.00

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

Mailing Address 1150 SW 43rd Place

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
Associates for Urology Care Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period
2700.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 34 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Pam Cunningham

Mailing Address 1150 SW 43rd Place

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
Associates for Urology Care Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
300.00

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

Mailing Address 2114 LaRochelle Drive

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Michael Cusick & Associates Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period
500.00

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

Mailing Address 236 Merrill Drive

City State Zip Code
Milton FL 32570

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

Name of Employer Occupation
Danna-Gracy Medical Malpractice

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Lorenzo N Dantzler IV		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 7200 Fanning Bayou Dr		Transaction ID : SA11AI.4625	
City Southport	State FL	Zip Code 32409	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Laura G Davidenko		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 2805 Longleaf Road		Transaction ID : SA11AI.5092	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Insurance Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Grover W Davis		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address 3024 Kings Harbour Road		Transaction ID : SA11AI.4264	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Marine Transportation	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
George Dent

Mailing Address PO Box 28344

City Panama City State FL Zip Code 32411

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

Name of Employer Hospitality Depot Occupation Retail Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
 300.00

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

Mailing Address 5508 SE 8th St

City Ocala State FL Zip Code 34480

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 5508 SE 8th St

City Ocala State FL Zip Code 34480

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

Name of Employer Associates for Urology Care Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
 1500.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Ila Desai		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 507 NW 9th Ave		Transaction ID : SA11AI.4673
City Crystal River	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) Paresh G Desai		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 507 NW 9th Ave		Transaction ID : SA11AI.4671
City Crystal River	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer AUI	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) Deborah Desautel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 2837 S Circle Dr		Transaction ID : SA11AI.4591
City Inverness	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

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

Mailing Address 2837 S Circle Drive

City Inverness	State FL	Zip Code 34450
-------------------	-------------	-------------------

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

Name of Employer Advanced Urology Specialists	Occupation Physician
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey K Dibenedictis

Mailing Address 5340 Hopetown Lane

City Panama City Beach	State FL	Zip Code 32408
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FEC ID number of contributing federal political committee. **C**

Name of Employer Summit Bank	Occupation Finance
---------------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
500.00

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

Mailing Address 3538 Preserve Blvd

City Panama City	State FL	Zip Code 32408
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FEC ID number of contributing federal political committee. **C**

Name of Employer Keller Williams	Occupation Real Estate Agent
-------------------------------------	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Todd R Dimmick		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 4937 Rosewood Lane		Transaction ID : SA11AI.4411	
City Melbourne	State FL	Zip Code 32940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Brevard Vision Care	Occupation Optometrist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) Martin K Dineen		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 4 Lost Creek Lane		Transaction ID : SA11AI.4141	
City Ormond Beach	State FL	Zip Code 32174	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Atlantic Urological Assoc	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) David J Dipiazza		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 3743 Presidential Dr		Transaction ID : SA11AI.4936	
City Palm Harbour	State FL	Zip Code 34685	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Urology Specialists of W FLA	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Richard M Dodd

Mailing Address 2924 W 27th Court

City Panama City	State FL	Zip Code 32405
---------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Contractor
-----------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James E Doescher

Mailing Address Bay Point Box 28090

City Panama City	State FL	Zip Code 32411
---------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period
500.00

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

Mailing Address 914 W Beach Drive

City Panama City	State FL	Zip Code 32401
---------------------	-------------	-------------------

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

Name of Employer Bill Cramer Chevrolet	Occupation Sales
---	---------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Alan M Dunn		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2015
Mailing Address 3201 Garfield Street NW		Transaction ID : SA11AI.5144
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1790.17
Name of Employer Stewart & Stewart	Occupation Attorney	In-kind - Food, Beverages, Event Supplies
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1790.17	

Full Name (Last, First, Middle Initial) Alex Dunn		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 5739 E Calle Del Paisano		Transaction ID : SA11AI.4329
City Phoenix	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Tensley	Occupation Manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Alex Dunn		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 5739 E Calle Del Paisano		Transaction ID : SA11AI.4331
City Phoenix	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Tensley	Occupation Manager	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	7190.17
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 42 OF 167
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
David Dunn

Mailing Address 340 Bunkers Cove Road

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
N/A Student

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period
2700.00

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

Mailing Address 340 Bunkers Cove Road

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
N/A Student

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Debra R Dunn

Mailing Address 3201 Garfield Street NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1790.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2015

Transaction ID : SA11AI.5147

Amount of Each Receipt this Period
1790.17
In-kind - Food, Beverages, Event Supplies

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

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

7190.17

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

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

FOR LINE NUMBER: PAGE 43 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jennifer Dunn

Mailing Address 5739 E Calle Del Paisano

City Phoenix State AZ Zip Code 85018

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 5739 E Calle Del Paisano

City Phoenix State AZ Zip Code 85018

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
 2300.00

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

Mailing Address 5739 E Calle Del Paisano

City Phoenix State AZ Zip Code 85018

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
 400.00

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Leah O Dunn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 340 Bunkers Cove Road		Transaction ID : SA11AI.4338	
City Panama City	State FL	Zip Code 32401	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer Dunn Properties	Occupation Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. Leah O Dunn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 340 Bunkers Cove Road		Transaction ID : SA11AI.4340	
City Panama City	State FL	Zip Code 32401	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer Dunn Properties	Occupation Manager		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) C. Patrick Dunn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 340 Bunkers Cove Road		Transaction ID : SA11AI.4332	
City Panama City	State FL	Zip Code 32401	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer Mayo Clinic	Occupation Researcher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Patrick Dunn		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 340 Bunkers Cove Road		Transaction ID : SA11AI.4334
City Panama City	State FL	
Zip Code 32401		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer Mayo Clinic	Occupation Researcher	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) B. Karen L Durden		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2015
Mailing Address PO Box 28030		Transaction ID : SA11AI.5166
City Panama City Beach	State FL	
Zip Code 32411		Amount of Each Receipt this Period 1700.00
FEC ID number of contributing federal political committee. C		In-kind - Food and Beverages
Name of Employer Durden Foundation	Occupation Chairman	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 1700.00		

Full Name (Last, First, Middle Initial) C. Karen L Durden		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address PO Box 28030		Transaction ID : SA11AI.4783
City Panama City Beach	State FL	
Zip Code 32411		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4400.00
Name of Employer Durden Foundation	Occupation Chairman	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 4400.00		

SUBTOTAL of Receipts This Page (optional).....	7100.00
TOTAL This Period (last page this line number only).....	7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Karen L Durden		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address PO Box 28030		Transaction ID : SA11AI.4785	
City Panama City Beach	State FL	Zip Code 32411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Durden Foundation	Occupation Chairman		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) B. Michael E Durden		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address PO Box 28300		Transaction ID : SA11AI.4786	
City Panama City Beach	State FL	Zip Code 32411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Durden Enterprises	Occupation Real Estate Developer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. Michael E Durden		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address PO Box 28300		Transaction ID : SA11AI.4788	
City Panama City Beach	State FL	Zip Code 32411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Durden Enterprises	Occupation Real Estate Developer		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	6400.00
TOTAL This Period (last page this line number only).....	6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Deborah J Edgeworth		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 3301 Harbour PI		Transaction ID : SA11AI.4789
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coastal OB/GYN PA	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Mark Edney		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2015
Mailing Address 519 N Pinehurst Ave		Transaction ID : SA11AI.4453
City Salisbury	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peninsula Urology Associates	Occupation Urologist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Jeanne N Eisenbrown		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2853 Longleaf Road		Transaction ID : SA11AI.4199
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Sameh Elamir		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 1213 Savannah Drive		Transaction ID : SA11AI.4145	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) B. Aida Elzawahry		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2015	
Mailing Address 2202 State Ave Ste. 201		Transaction ID : SA11AI.5153	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00 In-kind - Food and Beverages	
Name of Employer Self Employed	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00		

Full Name (Last, First, Middle Initial) C. Kamel Elzawahry		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2015	
Mailing Address 2202 State Ave. Ste. 201		Transaction ID : SA11AI.4108	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Brain & Spine Center	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 49 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Kamel Elzawahry

Mailing Address 2202 State Ave. Ste. 201

City Panama City State FL Zip Code 32405

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

Name of Employer Brain & Spine Center Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
Robert J Entel

Mailing Address 521 Mandalay Ave Apt 902

City Clearwater Beach State FL Zip Code 33767

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

Name of Employer Radiology Clearwater Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address 2627 Ferol Lane

City Lynn Haven State FL Zip Code 32444

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

Name of Employer American Gastroenterology Asso Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Mark E Fahey

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

Name of Employer TOC	Occupation Physician
-------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5010

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William A Ferguson

Mailing Address 3028 Livingston Road

City Tallahassee	State FL	Zip Code 32303
---------------------	-------------	-------------------

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

Name of Employer Thomas Howell Ferguson	Occupation CPA
--	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 Biscayne Blvd Way #3101

City Miami	State FL	Zip Code 33131
---------------	-------------	-------------------

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

Name of Employer Miami Urology Institute	Occupation Physician
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
2700.00

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 51 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
James Finch

Mailing Address 1805 Tennessee Ave

City State Zip Code
Lynn Haven FL 32444

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

Name of Employer Occupation
Phoenix Construction Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
N Reed Finney

Mailing Address 13828 Big Island Pond Rd

City State Zip Code
Southport FL 32409

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

Name of Employer Occupation
Bay Medical Center Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
 500.00

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

Mailing Address 8216 Treebrooke Lane

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation
VectorOne Capital Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
 1000.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Michelle Flaot

Mailing Address 3208 Deer Haven Blvd

City Panama City Beach State FL Zip Code 32408

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

Name of Employer Emerald Coast Medical Assoc Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William J Flynn

Mailing Address 109 Cashel Mara Drive

City Panama City State FL Zip Code 32409

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Jerry G Ford

Mailing Address 1743 Armistead Pl

City Tallahassee State FL Zip Code 32308

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
250.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Basil Forssum

Mailing Address 227 Yachy Club Drive

City State Zip Code
Fort Walton Beach FL 32548

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

Name of Employer Occupation
21 Century Oncology Urologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Michael W Forsthoefel

Mailing Address 1300 Medical Drive

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ellis E Fowhand

Mailing Address PO Box 11

City State Zip Code
Panama City FL 32402

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

Name of Employer Occupation
Forehand Furniture Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period
1000.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Stanley N Fulford		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 236 William Way		Transaction ID : SA11AI.4793
City Mexico Beach	State FL	
Zip Code 32456		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PCUC	Occupation Administrator	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Cory R Gaiser		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2357 Foxworth Drive		Transaction ID : SA11AI.4375
City Panama City	State FL	
Zip Code 32405		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southern Orthospecialist	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Paul Garland		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 805 Beachcomber Drive		Transaction ID : SA11AI.4179
City Lynn Haven	State FL	
Zip Code 32444		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eye Center of Panama City	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

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

FOR LINE NUMBER: PAGE 55 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Joey W Ginn

Mailing Address 3302 County Club Dr

City Lynn Haven State FL Zip Code 32444

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

Name of Employer Centennial Bank Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
 250.00

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

Mailing Address 19205 Natures View Court

City Boca Raton State FL Zip Code 33498

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Michael S Grable

Mailing Address 695 Lake Winnemisset Dr

City DeLand State FL Zip Code 32724

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

Name of Employer Atlantic Urological Associates Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
 1000.00

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 56 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Daniel J Grant

Mailing Address 6986 Heartland Circle

City Tallahassee State FL Zip Code 32312

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

Name of Employer Gulf Coast Surgical Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5072

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Gregory P Grantham

Mailing Address 340 W 23rd St Ste. A

City Panama City State FL Zip Code 32405

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

Name of Employer Oral Surgery Panama City Occupation Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Adrienne K Green

Mailing Address 5233 Finisterre Drive

City Panama City Beach State FL Zip Code 32408

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
 2000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. James T Green		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2015
Mailing Address 5233 Finisterre Drive		Transaction ID : SA11AI.5173
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Real Estate Broker	In-kind - Food and Beverages
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. James T Green		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 5233 Finisterre Drive		Transaction ID : SA11AI.4300
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Real Estate Broker	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00	

Full Name (Last, First, Middle Initial) C. Patrick Myatt Green		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2015
Mailing Address 7609 Sunset Ave		Transaction ID : SA11AI.5169
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Dive Operation Owner	In-kind - Food and Beverages
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	7400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Patrick Myatt Green		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 7609 Sunset Ave		Transaction ID : SA11AI.4367	
City Panama City	State FL	Zip Code 32408	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Dive Operation Owner		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3700.00		

Full Name (Last, First, Middle Initial) B. Darin W Greer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015	
Mailing Address PO Box 27224		Transaction ID : SA11AI.4298	
City Panama City	State FL	Zip Code 32411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Edge Aerodynamix	Occupation Pilot		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Philip W Griffiths		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address PO Box 27802		Transaction ID : SA11AI.4705	
City Panama City	State FL	Zip Code 32411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Hotel Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 59 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Stephen J Grubbs

Mailing Address 2365 Wildwood Ln

City Paris State TX Zip Code 75462

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

Name of Employer Bay Medical Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5002

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 15521

City Panama City State FL Zip Code 32406

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

Name of Employer Nations Real Estate Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Brian D Hale		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 340 Tall Oak Trail		Transaction ID : SA11AI.4940
City Tarpon Springs	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Urology Specialists of W FLA	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Frank Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015
Mailing Address 1503 Thurso Road		Transaction ID : SA11AI.4480
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Summit Bank	Occupation Banker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) William H Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 807 Buena Vista Blvd		Transaction ID : SA11AI.4855
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Restaurant Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Ted I Haney

Mailing Address 735 Driftwood Drive

City State Zip Code
Lynn Haven FL 32444

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William H Hargraves

Mailing Address 2171 Briarwood Cir

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
250.00

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

Mailing Address 2171 Briarwood Cir

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Allison J Harrell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 4614 Oakshire Ct		Transaction ID : SA11AI.5086	
City Tallahassee	State FL	Zip Code 32309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Thomas Howell Ferguson	Occupation CPA		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. James E Harrell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 1885 NW Eagle Point		Transaction ID : SA11AI.4562	
City Stuart	State FL	Zip Code 34994	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. F R Harrison Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 801 Ohio Ave		Transaction ID : SA11AI.4886	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Lynn Haven Dentistry	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) William G Harrison Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 213 Bunkers Cove Road		Transaction ID : SA11AI.4599
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) Lora J Healey		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 233 S Cove Terrace Dr		Transaction ID : SA11AI.4181
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Nancy M Healey		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 1162 Cove Point Dr		Transaction ID : SA11AI.5163
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2299.62 In-kind - Beverages, Security, Event Supplies
Name of Employer Self Employed	Occupation Real Estate Agent	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2299.62	

SUBTOTAL of Receipts This Page (optional).....	4049.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Richard J Heffley		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 8975 Winged Foot Dr		Transaction ID : SA11AI.4990
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Gov't Relations	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Howard B Heidenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 6424 E Maclaurin Dr		Transaction ID : SA11AI.5115
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Urology Partners	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Diane Heikkinen		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 1438 Dover Road		Transaction ID : SA11AI.4497
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eye Center of North Florida	Occupation Registered Nurse	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Mohamed A Helal		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 5011 W San Miguel St		Transaction ID : SA11AI.5121
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Urology Partners	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. David Scott Helms		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 1101 Sawgrass Ct 301		Transaction ID : SA11AI.4304
City Pamana City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Kedrick Cerry Inc.	Occupation Vice President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) C. David Scott Helms		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 1101 Sawgrass Ct 301		Transaction ID : SA11AI.4307
City Pamana City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Kedrick Cerry Inc.	Occupation Vice President	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 66 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Sean P Heron

Mailing Address 6495 Debbie Ln S

City South Pasadena State FL Zip Code 33707

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

Name of Employer Urology Specialists of W FLA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6504 Riverview Blvd

City Bradenton State FL Zip Code 34209

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

Name of Employer Urology Partners Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1807 Doomar Drive

City Tallahassee State FL Zip Code 32308

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

Name of Employer Stephen R Winn & Associates Occupation Gov't Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. George Austin Hill		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 2708 Bay Drive		Transaction ID : SA11AI.4920
City Bradenton	State FL	
Zip Code 34207		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Urology Partners	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Julie Hilton		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 18049		Transaction ID : SA11AI.4310
City Panama City	State FL	
Zip Code 32417		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hilton Inc.	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) C. Warren T Hitt		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2606 Country Club Drive		Transaction ID : SA11AI.4213
City Lynn Haven	State FL	
Zip Code 32444		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) David A Hochberg		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 5132 W San Jose St		Transaction ID : SA11AI.5127
City Tampa	State FL	
Zip Code 33629		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Florida Urology Partners	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Carol A Hodges		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 329 St Augustine Ave		Transaction ID : SA11AI.5104
City Temple Terrace	State FL	
Zip Code 33617		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Larry L Hodson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2201 Jenks Ave		Transaction ID : SA11AI.4195
City Panama City	State FL	
Zip Code 32405		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Edward S Homan

Mailing Address 329 St Augustine Ave

City State Zip Code
Temple Terrace FL 33617

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.5102

Amount of Each Receipt this Period
250.00

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

Mailing Address 8004 Evening Star Ln

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
Thomas Howell Ferguson PA CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period
500.00

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

Mailing Address 7506 Holley Circle

City State Zip Code
Panama City FL 32408

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

Name of Employer Occupation
Hive Technologies CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Robert F Hurst

Mailing Address 1415 Wildridge Rd

City Lynn Haven State FL Zip Code 32444

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1413 Country Club Drive

City Lynn Haven State FL Zip Code 32444

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

Name of Employer Hutt Insurance Agency Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4617 Whitetail Pass

City Tallahassee State FL Zip Code 32309

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

Name of Employer Dermatology Assoc of Tallahass Occupation Dermatologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period
 250.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 71 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Philip A Isaac

Mailing Address 1710 Beach Drive

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 3334 Capital Medical Blvd Ste. 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period
 500.00

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

Mailing Address 166 Old Oak Cir

City Palm Harbor State FL Zip Code 34683

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

Name of Employer Urology Specialists of W FLA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Floyd R Jaggars		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Transaction ID : SA11AI.5006
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer TOC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Michael Jenkins		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address PO Box 27772		Transaction ID : SA11AI.4237
City Panama City	State FL	Zip Code 32411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer AUI	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Shayne Jensen		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2515 High Ave		Transaction ID : SA11AI.4175
City Panama City	State FL	Zip Code 32405
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 73 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jose Daniel Jimenez

Mailing Address **PO Box 47957**

City **Tampa** State **FL** Zip Code **33646**

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

Name of Employer **Small World Pediatrics** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.5106

Amount of Each Receipt this Period
500.00

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

Mailing Address **750 SW 63rd Street Rd**

City **Ocala** State **FL** Zip Code **34471**

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

Name of Employer **N/A** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.4681

Amount of Each Receipt this Period
1500.00

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

Mailing Address **750 SW 63rd Street Rd**

City **Ocala** State **FL** Zip Code **34471**

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

Name of Employer **Advanced Urology Specialists** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
1500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) David Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3248 Whitney Drive E		Transaction ID : SA11AI.4902
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Gov't Relations	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Ronald C Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 2728 Clubhouse Drive		Transaction ID : SA11AI.4365
City Lake Wales	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Steven M Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 3215 Magnolia Islands Blvd		Transaction ID : SA11AI.4760
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bay Medical Center	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Frank Jones		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 4151 Mallard Pond Ln		Transaction ID : SA11AI.4627	
City Vernon	State FL	Zip Code 32462	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Dog Trainer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Kathleen Jones		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 920 Bambi Drive		Transaction ID : SA11AI.4894	
City Destin	State FL	Zip Code 32541	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Dale K Johns, MD	Occupation Registered Nurse		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Neil Jones		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2015	
Mailing Address 2301 N Harbour Dr		Transaction ID : SA11AI.4253	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Self Employed	Occupation Real Estate Broker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 76 OF 167
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

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

Mailing Address 4151 Mallard Pond Ln

City State Zip Code
Vernon FL 32462

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

Name of Employer Occupation
Self Employed Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Teresa R Jones

Mailing Address 2301 N Harbour Drive

City State Zip Code
Lynn Haven FL 32444

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

Name of Employer Occupation
Self Employed Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Linda M Joseph

Mailing Address 464 Sudduth Ave

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Steve Kaminer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2015
Mailing Address 2101 Connecticut Ave NW Apt 65		Transaction ID : SA11AI.4243
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alliance Law Group	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Ketan Kapadia		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 5931 Bayview Cir S		Transaction ID : SA11AI.4914
City Gulfport	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Urology Specialists of W FLA	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Deepak Kapoor		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Mailing Address 480 Hicksville Road		Transaction ID : SA11AI.4510
City Bethpage	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer IMP	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Paul Kappelman		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2015
Mailing Address 6522 Mimosa Ln		Transaction ID : SA11AI.4457
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LHP Hospital Group	Occupation Healthcare Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Saumil S Karavadia		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 5053 Les Chateaux Dr No 141		Transaction ID : SA11AI.4588
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) C. Saumil S Karavadia		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 5053 Les Chateaux Dr No 141		Transaction ID : SA11AI.4590
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Ahmed Katoot		Date of Receipt MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1529 Thurso Road		Transaction ID : SA11AI.4177
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. John N Katopodis		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1424 Vieux Carre Dr		Transaction ID : SA11AI.5044
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Southern Medical Group	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) C. Cody Khan		Date of Receipt MM / DD / YYYY 09 / 28 / 2015
Mailing Address PO Box 18049		Transaction ID : SA11AI.4817
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Hotel Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 80 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Cody Khan

Mailing Address PO Box 18049

City Panama City Beach State FL Zip Code 32407

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

Name of Employer Self Employed Occupation Hotel Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4819

Amount of Each Receipt this Period
2700.00

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

Mailing Address 915 SE 5th St

City Ocala State FL Zip Code 34471

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

Name of Employer Ocala Urology Specialist Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period
1500.00

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

Mailing Address 915 SE 5th Street

City Ocala State FL Zip Code 34471

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
1500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Gary Kirsh		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 9771 Carriage Run Court		Transaction ID : SA11AI.4892
City Loveland	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer The Urology Group	Occupation Urologist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. Lonnie T Klein		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 4540 Rutledge Drive		Transaction ID : SA11AI.4942
City Palm Harbor	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Urology Specialists of W FLA	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Mariusz J Klin		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 103 Heritage Court		Transaction ID : SA11AI.4371
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Emerald Coast Gastroenterology	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 82 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Patrick M Koehnemann

Mailing Address 6408 Dolphin Shores Dr

City Panama City Beach State FL Zip Code 32407

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

Name of Employer Self Employed Occupation Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period
 250.00

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

Mailing Address 726 Gulf Aire Drive

City Port Saint Joe State FL Zip Code 32456

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

Name of Employer Sheridan Healthcare Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Christopher L Kraft

Mailing Address 215 W College Ave Unit 1002

City Tallahassee State FL Zip Code 32301

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

Name of Employer Kraft Nissan Occupation Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 83 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Udaya Kumar

Mailing Address 3980 N Grayhawk Loop

City Lecanto State FL Zip Code 34461

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

Name of Employer Cirtus Urology Associates Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5302 26th Ave Ct W

City Bradenton State FL Zip Code 34209

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

Name of Employer Bay Shore EyeCare Occupation Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5 Brogden Court

City Winter Haven State FL Zip Code 33880

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

Name of Employer Bond Clinic PA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Matthew C Lee		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 1527 Escadrille Drive		Transaction ID : SA11AI.5016	
City Tallahassee	State FL	Zip Code 32308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer TOC	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Michael J Leon		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 475 Saint Georges Ct		Transaction ID : SA11AI.4407	
City Satellite Beach	State FL	Zip Code 32937	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Brevard Vision Care	Occupation Optometrist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. James E Lewis		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 2416 Country Club Drive		Transaction ID : SA11AI.4121	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. James E Lewis		Date of Receipt MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2416 Country Club Drive		Transaction ID : SA11AI.4123
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 5400.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Lida N Lewis		Date of Receipt MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2416 Country Club Drive		Transaction ID : SA11AI.4124
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Lida N Lewis		Date of Receipt MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2416 Country Club Drive		Transaction ID : SA11AI.4126
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 5400.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Wayne Lewis		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address PO Box 9198		Transaction ID : SA11AI.4736
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation REtired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Elliott Lieberman		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2015
Mailing Address 875 Old Country Road Ste. 301		Transaction ID : SA11AI.4530
City Plainview	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer IMP, PLLC	Occupation Urologist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) June C Lloyd		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 1314 Country Club Dr		Transaction ID : SA11AI.4605
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. June C Lloyd		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 1314 Country Club Dr		Transaction ID : SA11AI.5101	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. William P Lloyd Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 2026 Country Club Drive		Transaction ID : SA11AI.4734	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Smart Bank	Occupation Banker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Jeffrey C Locke		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 788 Oak park Dr		Transaction ID : SA11AI.4409	
City Melbourne	State FL	Zip Code 32940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Brevard Vision Care	Occupation Optometrist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 88 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Maribel U Lockwood

Mailing Address 1600 Phillips Road

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Radiology Associates Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Randy K Lohoff

Mailing Address 334 Bunkers Cove Road

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Self Employed Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
500.00

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

Mailing Address 4029 Mary Louise Dr

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period
250.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 89 OF 167
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
James R Looker

Mailing Address 4029 Mary Louise Dr

City Panama City State FL Zip Code 32405

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

Name of Employer Summit Bank Occupation Exec. VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1918 W 23rd Street

City Panama City State FL Zip Code 32405

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

Name of Employer Ibis America Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1769 N Loop Pkwy

City St. Augustine State FL Zip Code 32095

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period
 1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Michael P Madewell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 1800 Jenks Ave		Transaction ID : SA11AI.4377
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panama City Surgery	Occupation Administrator	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) B. Frank Mastandrea		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 4710 N Habana Ave Ste. 400		Transaction ID : SA11AI.5123
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Harvey P Mathis		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 2629 W 9th Street		Transaction ID : SA11AI.4867
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 91 OF 167
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
W Russ Mathis

Mailing Address 1406 W Beach Dr

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Raymond E Matson

Mailing Address 3033 W 30th Court

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
500.00

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

Mailing Address 2202 State Ave Ste. 300

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
T G. McCoy

Mailing Address 565 Wahoo Road

City State Zip Code
Panama City Beach FL 32908

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

Name of Employer Occupation
PRH Holdings Inc. Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Randall A McElheney

Mailing Address 408 S Bonita Ave

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Coopers Drugs Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5139

Amount of Each Receipt this Period
500.00

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

Mailing Address 652 Jenks Ave

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
McKenzie Insurance Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 93 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
R C McLendon

Mailing Address 3021 W 30th Court

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
Fister Brown Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period
500.00

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

Mailing Address 3001 W 10th Street Ph2

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
McNeil Carroll Engineering Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Martha Kay McRae

Mailing Address 1190 8th Ave

City State Zip Code
Graceville FL 32440

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Hector Mejia		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Transaction ID : SA11AI.4998
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TOC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Holly K Melzer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 2407 Grand Harbor Dr		Transaction ID : SA11AI.4732
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Barron & Redding	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Matthew M Merrell		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 116 River Lane		Transaction ID : SA11AI.4129
City Ormond Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Atlantic Urological Assoc	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
J Collier Merrill

Mailing Address **PO Box 710**

City **Pensacola** State **FL** Zip Code **32591**

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

Name of Employer **Merrill Land Company** Occupation **Developer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3531 Mariner Drive**

City **Panama City** State **FL** Zip Code **32408**

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

Name of Employer **TechFarms LLC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3531 Mariner Drive**

City **Panama City** State **FL** Zip Code **32408**

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

Name of Employer **TechFarms LLC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Chris J Miller

Mailing Address 983 Fish Hook Cove

City Bradenton State FL Zip Code 34212

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

Name of Employer Urology Partners Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
 500.00

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

Mailing Address 207 Ardea Way

City Tallahassee State FL Zip Code 32312

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

Name of Employer Bristol Myers Squibb Occupation Sales Rep

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5064

Amount of Each Receipt this Period
 500.00

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

Mailing Address 715 Driftwood Dr

City Lynn Haven State FL Zip Code 32444

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

Name of Employer PC Plastic Surgery Occupation Plastic Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. James R Moody IV		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 101 Rue Bocage		Transaction ID : SA11AI.4770	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Jinks & Moody PA	Occupation CPA		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. James R Moody III		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address PO Box 1310		Transaction ID : SA11AI.4863	
City Panama City	State FL	Zip Code 32402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Real Estate Broker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. William R Moody		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 2806 Canal Drive		Transaction ID : SA11AI.4274	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

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

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(check only one)
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
William R Moody

Mailing Address 2806 Canal Drive

City Panama City State FL Zip Code 32405

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4881

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joe F Moore

Mailing Address 1200 W Beach Dr

City Panama City State FL Zip Code 32401

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Daniel R Morgan

Mailing Address 3911 Indian Springs Rd

City Panama City State FL Zip Code 32404

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

Name of Employer Florida Therapy Services Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period
400.00

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

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

1150.00

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

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

FOR LINE NUMBER: PAGE 99 OF 167
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Timothy Moriarty

Mailing Address 221 E 23rd Street

City Panama City State FL Zip Code 32405

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6260 SW 21st Court Road

City Ocala State FL Zip Code 34471

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

Name of Employer Florida Womans Care Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
 700.00

In-kind - Food

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

Mailing Address 6260 SW 21st Court Road

City Ocala State FL Zip Code 34471

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

Name of Employer Florida Womans Care Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
 1000.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Royal S Murphy

Mailing Address 201 Harrison Pl

City Panama City State FL Zip Code 32405

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Terrance W Naberhaus

Mailing Address 8165 S Tropical Trail

City Merritt Island State FL Zip Code 32952

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

Name of Employer Brevard Vision Care Occupation Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period
500.00

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

Mailing Address 201 Randy Road

City Panama City Beach State FL Zip Code 32413

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

Name of Employer A-List Accounting Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Margaret A Neubauer

Mailing Address 608 Shoreline Drive

City Panama City	State FL	Zip Code 32404
---------------------	-------------	-------------------

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

Name of Employer ERA Neubauer	Occupation Realtor
----------------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4715

Amount of Each Receipt this Period
250.00

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

Mailing Address 2007 Harrison Ave Ste. B

City Panama City	State FL	Zip Code 32405
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2624 Country Side

City Fleming Island	State FL	Zip Code 32003
------------------------	-------------	-------------------

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

Name of Employer MedProtective	Occupation Insurance
-----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
James F O'Neill Jr

Mailing Address 1060 Live Oak Plantation Road

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
Anesthesiology Associates Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5060

Amount of Each Receipt this Period
500.00

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

Mailing Address 208 Olenader Circle

City State Zip Code
Panama City Beach FL 32413

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

Name of Employer Occupation
City of Panama City Beach Mayor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period
100.00

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

Mailing Address 3334 Capital Medical Blvd Ste. 400

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
TOC Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Marwan Obid		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 951 W 23rd Street		Transaction ID : SA11AI.4227
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Osvaldo F Padron		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3217 Harbor View Ave		Transaction ID : SA11AI.5117
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Wells Fargo	Occupation Financial Advisor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Usha Rao Palep		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 3027 Kings Harbour Road		Transaction ID : SA11AI.4193
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Usha Rao Palep		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 3027 Kings Harbour Road		Transaction ID : SA11AI.4643
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Jayanti Panchal		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015
Mailing Address 6979 SE 12th Circle		Transaction ID : SA11AI.4815
City Ocala	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. Jolene O Paramore		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2515 W 33rd Street		Transaction ID : SA11AI.4161
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Dentist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. G Joseph Parell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 330 W 23rd St Ste. E		Transaction ID : SA11AI.4774
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Thomas M Park		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Transaction ID : SA11AI.5004
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TOC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Barry L Parker		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 27867		Transaction ID : SA11AI.4358
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Panama City Beach Office Park	Occupation Manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 167
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Barry L Parker		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 27867		Transaction ID : SA11AI.4360
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Panama City Beach Office Park	Occupation Manager	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) B. Clifton Parker		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 5156 Belmore Court		Transaction ID : SA11AI.4486
City Suwanee	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Donald R Parmer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3610 Preserve Blvd		Transaction ID : SA11AI.4960
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 167
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Anil Patel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 5126 W Highway 98		Transaction ID : SA11AI.4633
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Hotel Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Chetan N Patel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 150 Grand Heron Dr		Transaction ID : SA11AI.4639
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Hotel Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Jayeshkumar N Patel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 207 Highway 231		Transaction ID : SA11AI.4629
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Hotel Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Kirtikumar Patel

Mailing Address 103 Tuscany Way

City State Zip Code
Panama City Beach FL 32407

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

Name of Employer Occupation
Self Employed Hotel Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Naresh Kumar Patel

Mailing Address 160 Hombre Cir

City State Zip Code
Panama City Beach FL 32407

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

Name of Employer Occupation
Self Employed Hotel Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
2000.00

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

Mailing Address 507 Velasquez Drive

City State Zip Code
Osprey FL 34229

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

Name of Employer Occupation
Venice Ear, Nose, Throat Cente Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
1000.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Ramon Perez-Marrero		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015
Mailing Address 1854 Kinsmere Drive		Transaction ID : SA11AI.5158
City Trinity	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 460.00
Name of Employer Urology Specialists of W FLA	Occupation Physician	In-kind - Food and Event Supplies
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 460.00	

Full Name (Last, First, Middle Initial) B. Ramon Perez-Marrero		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 1854 Kinsmere Drive		Transaction ID : SA11AI.4932
City Trinity	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Urology Specialists of W FLA	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1460.00	

Full Name (Last, First, Middle Initial) C. Rebecca Pierson		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 316 Cherry St #35		Transaction ID : SA11AI.4836
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bay Health Foundation	Occupation Comm Dev Director	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1710.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Alan B Pillersdorf		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 780 Harbour Islae Court		Transaction ID : SA11AI.5058
City North Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Plastic Surgery of Palm Beach	Occupation Plastic Surgeon	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Chris Pittman		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 1099 Shipwatch Circle		Transaction ID : SA11AI.4896
City Tampa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Alex Pitts		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address PO Box 2473		Transaction ID : SA11AI.4811
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Judson D Rackley		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 328 Cortez St		Transaction ID : SA11AI.4849	
City Tallahassee	State FL	Zip Code 32303	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Southeastern Urological	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Yahia Rahim		Date of Receipt M M / D D / Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 200 W 19th Street		Transaction ID : SA11AI.4221	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Carlos E Ramos		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2015	
Mailing Address 400 Rue La Roche		Transaction ID : SA11AI.4104	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Panama City Urological Center	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Carlos E Ramos

Mailing Address 400 Rue La Roche

City Lynn Haven State FL Zip Code 32444

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

Name of Employer Panama City Urological Center Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period
250.00

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

Mailing Address 400 Rue La Roche

City Lynn Haven State FL Zip Code 32444

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

Name of Employer Panama City Urological Center Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
250.00

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

Mailing Address 1125 Boxwood Lane

City Forest State VA Zip Code 24551

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Dinesh S Rao		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 7362 SE 12th Circle		Transaction ID : SA11AI.4661
City Ocala	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Associates for Urology Care	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) James E Ray		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 803 Jenks Ave Ste. 22		Transaction ID : SA11AI.4648
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Sudhakar C Reddy		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 3606 Preserve Blvd Box 381		Transaction ID : SA11AI.4191
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 114 OF 167
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Myra Reed

Mailing Address 1814 Thomas Drive

City State Zip Code
Panama City Beach FL 32408

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James J Reeves

Mailing Address 730 Bayfront Pkwy Ste. 4B

City State Zip Code
Pensacola FL 32501

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
500.00

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

Mailing Address 32 Audubon lane

City State Zip Code
Flagler Beach FL 32136

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

Name of Employer Occupation
Atlantic Urological Assoc Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Christine L Reiss

Mailing Address 338 Bunkers Cove Road

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
George E Reiss

Mailing Address 338 bunkers COve Road

City Panama City State FL Zip Code 32401

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

Name of Employer Surgical Associates Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4416 Roanoak Way

City Palm Harbor State FL Zip Code 34685

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

Name of Employer Urology Specialists of W FLA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 116 OF 167
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 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jeffrey L Ridley

Mailing Address 802 W 8th St Cir

City State Zip Code
Lynn Haven FL 32444

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

Name of Employer Occupation
CSI Health Care Rep

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Adrien A Rivard III

Mailing Address PO Box 461

City State Zip Code
Panama City FL 32402

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period
500.00

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

Mailing Address 3233 Magnolia Island Blvd

City State Zip Code
Panama City Beach FL 32408

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

Name of Employer Occupation
R & R Inc. Road Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4740

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 117 OF 167
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Stephanie Roberts

Mailing Address 3510 Fox Run Blvd

City State Zip Code
Panama City Beach FL 32408

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Michael X Rohan

Mailing Address 3519 Dragon's Ridge Rd

City State Zip Code
Panama City Beach FL 32408

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

Name of Employer Occupation
Panama City Orthopedics Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Garrison A Rolle

Mailing Address 3334 Capital Medical Blvd Ste. 400

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
TOC Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5008

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 167
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Malcom Root		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 5007 S Shore Crest Cir		Transaction ID : SA11AI.5125
City Tampa	State FL	Zip Code 33609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) David W Rouse		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 10712 Indian Trail		Transaction ID : SA11AI.4413
City Cooper City	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rouse Family Eye Care	Occupation Optometrist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Christopher S Rumana		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 2894 N Hannon Hill Dr		Transaction ID : SA11AI.5052
City Tallahassee	State FL	Zip Code 32309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer tallahassee Neurological Clini	Occupation Neurologist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Deborah Y Russell

Mailing Address 9604 Deer Valley Drive

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Douglas W Russell

Mailing Address 9604 Deer Valley Drive

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
State of Florida Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
2000.00

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

Mailing Address 616 Windy Lane

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
250.00

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

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

4250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Thomas Sale Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 426		Transaction ID : SA11AI.4865
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Mary Samine		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2015
Mailing Address 105 W 23rd Street		Transaction ID : SA11AI.4429
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Maharaja's	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Thomas J Sanders		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 1961 Edgewater Dr		Transaction ID : SA11AI.4593
City Mount Dora	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Lake Urology Clinic	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
James R Schneider

Mailing Address 3231 NW 76th Court Road

City Ocala State FL Zip Code 34482

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

Name of Employer Signature Brands Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Melodee C Schneider

Mailing Address 3231 NW 76th Court Rd

City Ocala State FL Zip Code 34482

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

Name of Employer Ocala Surgical Associates Occupation Billing Supervisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5627 Potomac Ave NW

City Washington State DC Zip Code 20016

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Carey Scott		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Mailing Address 1162 Cove Point Drive		Transaction ID : SA11AI.4504
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Food and Beverage Sales	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Carey Scott		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Mailing Address 1162 Cove Point Drive		Transaction ID : SA11AI.4507
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Food and Beverage Sales	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) Gregory A Scott		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 231 N Bay Court		Transaction ID : SA11AI.4155
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Summit Bank	Occupation Financial Advisor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Melanie D Scott		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 231 N Bay Court		Transaction ID : SA11AI.4163	
City Lynn Haven	State FL	Zip Code 32444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Sanford Seigel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 9 Bellchase Court		Transaction ID : SA11AI.4478	
City Pikesville	State MD	Zip Code 21208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Chesapeake Urology	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Brence A Sell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 4770 Buckhead Ct		Transaction ID : SA11AI.5078	
City Tallahassee	State FL	Zip Code 32309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Anesthesiology Associates	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

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

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

FOR LINE NUMBER: PAGE 124 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Scott B Sellinger

Mailing Address 6250 Old Water Oak Road

City Tallahassee State FL Zip Code 32312

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

Name of Employer Southeastern Urological Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1041 Marina Club Village

City Panama City State FL Zip Code 32411

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

Name of Employer Self Employed Occupation Mediator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
 250.00

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

Mailing Address 7741 Hunter Lane

City Pinellas Park State FL Zip Code 33782

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

Name of Employer The Sembler Company Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Mel F Sembler		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 5858 Central Ave		Transaction ID : SA11AI.4910
City St. Petersburg	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Sembler Company	Occupation Chairman	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Manuel A Seneriz		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 11668 W Waterway Dr		Transaction ID : SA11AI.4683
City Homosassa	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Advanced Urology Specialists	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Maged Shalaby		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 3950 Arbor Trace Dr #A		Transaction ID : SA11AI.4171
City Lynn Haven	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Andrew Sher

Mailing Address 630 Vassar St #2205

City Orlando State FL Zip Code 32804

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

Name of Employer AUI Occupation Urologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2015

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
J H Sherman Jr

Mailing Address 8317 Front Beach Rd Ste. 39

City Panama City Beach State FL Zip Code 32407

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

Name of Employer Self Employed Occupation Interior Designer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Sarah J Shore

Mailing Address 4 Nelson Ct

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Atlantic Urology Clinics Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
 2700.00

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 127 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Magdalena Shuler

Mailing Address 1311 Bayou Court

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 27067

City Panama City State FL Zip Code 32411

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mary K Sittman

Mailing Address 516 Bunkers Cove Road

City Panama City State FL Zip Code 32401

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 128 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Floyd D Skinner

Mailing Address 2023 Thomas Drive

City State Zip Code
Panama City FL 32408

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

Name of Employer Occupation
Skinner Tax Consulting Inc. Tax Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Gloria D Skinner

Mailing Address 2023 Thomas Drive

City State Zip Code
Panama City FL 32408

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

Name of Employer Occupation
Self Employed Writer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Jim L Smallwood

Mailing Address 2110 W 23rd St Ste. D

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation
Lawson Investments Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period
1000.00

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 129 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Nadia D Smallwood

Mailing Address 504 Wood Trail

City Panama City State FL Zip Code 32405

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
William G Smith Jr

Mailing Address PO Box 900

City Tallahassee State FL Zip Code 32302

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

Name of Employer Capital City Bank Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Joseph J Sorci

Mailing Address 2361 Foxworth Drive

City Panama City State FL Zip Code 32405

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

Name of Employer Florida Architects Occupation Architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Joseph J Sorci		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 2361 Foxworth Drive		Transaction ID : SA11AI.4719
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Architects	Occupation Architect	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Pamela Sostheim		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 106 Bunkers Cove Road		Transaction ID : SA11AI.4688
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Peter Sostheim		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 508 Hermon Ave		Transaction ID : SA11AI.4686
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Po Folks Resturant	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Jerry F Sowell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 3001 W 10th Street #316		Transaction ID : SA11AI.4607
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation CPA	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Carl H Spear Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 601 E. Government St		Transaction ID : SA11AI.4395
City Pensacola	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sight & Sun Eyeworks	Occupation Optometrist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Katie Spear		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 3735 Math Cove Drive		Transaction ID : SA11AI.4393
City Pensacola	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sign & Sun Eyeworks	Occupation Optometrist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 132 OF 167
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
David Spencer

Mailing Address 12226 Panama City Beach Pkwy

City State Zip Code
Panama City Beach FL 32407

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

Name of Employer Occupation
The Glass Center Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Roger J Spencer

Mailing Address 206 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Anesthesia Unlimited Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5129

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Timothy J Stapleton

Mailing Address 3036 Waterford Dr

City State Zip Code
Tallahassee FL 32309

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

Name of Employer Occupation
FMA CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5068

Amount of Each Receipt this Period
2700.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Andrew W Stein		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 3315 Harbour Place		Transaction ID : SA11AI.4201	
City Panama City	State FL	Zip Code 32405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Summit Bank	Occupation Banker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. William Bradford Stephens III		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 3789 Longfellow Road		Transaction ID : SA11AI.4996	
City Tallahassee	State FL	Zip Code 32311	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer TOC	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. David T Stewart		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 3730 Bobbin Brook Cir		Transaction ID : SA11AI.5056	
City Tallahassee	State FL	Zip Code 32312	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Pathology Associates	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Kris D Stowers		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Transaction ID : SA11AI.5014
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TOC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Douglas L Stringer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 2011 Harrison Ave		Transaction ID : SA11AI.4348
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brain and Spine Center	Occupation Neurosurgeon	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Douglas L Stringer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 2011 Harrison Ave		Transaction ID : SA11AI.4350
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brain and Spine Center	Occupation Neurosurgeon	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Merle P Stringer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 2011 Harrison Ave		Transaction ID : SA11AI.4346
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brain & Spine Center	Occupation Neurosurgeon	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) James M Stronhmenger		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address PO Box 1214		Transaction ID : SA11AI.4730
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Lori Sudbury		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 9407 25th Street East		Transaction ID : SA11AI.4229
City Parrish	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jennifer M Sunseri

Mailing Address 1588 Chadwick Way

City Tallahassee State FL Zip Code 32312

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

Name of Employer Dermatology Assoc of Tallahassee Occupation Dermatologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mary Sue Sutherland

Mailing Address 2303 N Harbour Drive

City Lynn Haven State FL Zip Code 32444

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Timothy J Sweeney

Mailing Address 1600 Phillips Road

City Tallahassee State FL Zip Code 32308

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

Name of Employer Radiology Associates Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period
1250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Mark J Swierzewski

Mailing Address 901 Harbour Bay Dr

City Tampa State FL Zip Code 33602

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

Name of Employer Florida Urology Partners Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5111

Amount of Each Receipt this Period
500.00

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

Mailing Address 2880 Casey Key Rd

City Nokomis State FL Zip Code 34275

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

Name of Employer Urology Partners Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4918

Amount of Each Receipt this Period
500.00

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

Mailing Address 4903 Turtle Creek Trail

City Oldsmar State FL Zip Code 34677

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

Name of Employer Urology Specialists of W FLA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 138 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Patrick M Tamim

Mailing Address 221 E 23rd Street Ste. E

City Panama City State FL Zip Code 32405

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Kelby Hecht Tardi

Mailing Address 1629 Centerville Road

City Tallahassee State FL Zip Code 32308

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

Name of Employer TOC Occupation CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1711 SE 34th Ln

City Ocala State FL Zip Code 34471

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

Name of Employer AU Specialists Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
 1500.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Lauren Taub		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 1711 SE 34th Ln		Transaction ID : SA11AI.4677	
City Ocala	State FL	Zip Code 34471	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. J L Trantham		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 7089 Bunkers Cove Road		Transaction ID : SA11AI.4316	
City Panama City	State FL	Zip Code 32401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Cardiology Associates	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Jane S Trantham		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 708 Bunkers Cove Rd		Transaction ID : SA11AI.4314	
City Panama City	State FL	Zip Code 32401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Diana Trent		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 6201 E Huntress Dr		Transaction ID : SA11AI.4904
City Paradise Valley	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) David Trepanier		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address PO Box 28315		Transaction ID : SA11AI.4296
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Restaurant Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Jay N Trumbull		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 1407 Bayou Court		Transaction ID : SA11AI.4280
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Culligan Water Treatment	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

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

Mailing Address 8203 N Lagoon Drive

City Panama City State FL Zip Code 32408

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

Name of Employer Advanced Urologic Institute Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
A Gary Walsingham

Mailing Address 2229 Joan Ave

City Panama City Beach State FL Zip Code 32408

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

Name of Employer Self Employed Occupation Beach Entertainment

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 121 Pierson Dr

City Lynn Haven State FL Zip Code 32444

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 142 OF 167

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Jon R Ward

Mailing Address 247 S Cove Terrace Dr

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Jon R Ward

Mailing Address 247 S Cove Terrace Dr

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Jon R Ward

Mailing Address 247 S Cove Terrace Dr

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period
 2200.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) David P Warriner		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 280		Transaction ID : SA11AI.4962
City Port St. Joe	State FL	Zip Code 32457
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Michael A Wasyluk		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 10303 Reclinata Ln		Transaction ID : SA11AI.4976
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Tony A Weaver		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 6337 Heartland Cr		Transaction ID : SA11AI.5034
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Eye Associates of Tallahassee	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
David Weinrach

Mailing Address 2400 Grandiflora Blvd

City Panama City Beach State FL Zip Code 32408

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

Name of Employer Bay Pathology Assoc Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephen G Weiss II

Mailing Address 340 Hampton Hills Ct

City Debarry State FL Zip Code 32713

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

Name of Employer Atlantic Urological Assoc Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gary L Weitekamp

Mailing Address 3312 Harbour Place

City Panama City State FL Zip Code 32405

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 145 OF 167

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Richard Whitsitt

Mailing Address PO Box 18049

City State Zip Code
 Panama City FL 32417

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

Name of Employer Occupation
 Self Employed CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 3049 Hawks Glen

City State Zip Code
 Tallahassee FL 32312

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

Name of Employer Occupation
 Anesthesiology Associates Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
James H Williams

Mailing Address 3130 Kings Drive

City State Zip Code
 Panama City FL 32405

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

Name of Employer Occupation
 AUI Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period
 250.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Thomas H Williams		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 3513		Transaction ID : SA11AI.5141
City Sarasota	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Florida Urology Specialists	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Delphine Winter		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2015
Mailing Address 86 Main Street		Transaction ID : SA11AI.4462
City Saranac Lake	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Surgical Eye Care, PLLC	Occupation Administrator	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Samuel B Wolf		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2313 W 33rd Street		Transaction ID : SA11AI.4147
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Jennifer Wolgamott		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 6613 Button Buck Trail		Transaction ID : SA11AI.4484
City Panama City Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ZHA Incorporated	Occupation Regional Manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Andrew M Wong		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Transaction ID : SA11AI.5024
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TOC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Richard Wooten		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 6600 Tusawilla Drive		Transaction ID : SA11AI.4135
City Leesburg	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Mitchell Yadven		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 2407 Landings Circle		Transaction ID : SA11AI.4922	
City Bradenton	State FL	Zip Code 34209	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Urology Partners	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Daniel B Yang		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 1600 Phillips Road		Transaction ID : SA11AI.5042	
City Tallahassee	State FL	Zip Code 32308	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1250.00	
Name of Employer Radiology Associates	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) C. Mary F York		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 447 Lacy Woods Ct		Transaction ID : SA11AI.4772	
City Tallahassee	State FL	Zip Code 32312	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	4450.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Roy B York		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 447 Lacy Woods Ct		Transaction ID : SA11AI.4805
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. Virginia York		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 7552 Coleridge Road		Transaction ID : SA11AI.4948
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Hosam K Zawahry		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2716 Longleaf Road		Transaction ID : SA11AI.4209
City Panama City	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) Shaw W Zhou		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 8401 Tallahassee Dr NE		Transaction ID : SA11AI.4908
City St. Petersburg	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pinellas Urology	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Leisa Zimmer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 777 Cattail Ct NE		Transaction ID : SA11AI.4526
City St. Petersburg	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Michael Zimmer		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 777 Cattail Ct NE		Transaction ID : SA11AI.4524
City St. Petersburg	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	6400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 167
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
Keith M Zwingelberg

Mailing Address 229 S Cove Terrace Dr

City Panama City State FL Zip Code 32401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11Al.4185

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

428022.42

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

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

FOR LINE NUMBER: PAGE 152 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'

Mailing Address 100 WEST THIRD AVE SUITE 350

City State Zip Code
COLUMBUS OH 43201

FEC ID number of contributing federal political committee. **C C00489419**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11C.4272

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPAC)

Mailing Address P.O. BOX 15441

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11C.5190

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MIKE H

Mailing Address 610 S BOULEVARD

City State Zip Code
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C C00492231**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.5135

Amount of Each Receipt this Period
1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 153 OF 167
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
SUNTRUST BANK GOOD GOVERNMENT GROUP FLORIDA

Mailing Address 215 SOUTH MONROE STREET SUITE 125

City State Zip Code
TALLAHASSEE FL 32301

FEC ID number of contributing federal political committee. **C** C00111567

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : SA11C.5131

Amount of Each Receipt this Period
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 167
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
NEAL PATRICK DUNN

Mailing Address **2640A MITCHAM DRIVE**

City **TALLAHASSEE** State **FL** Zip Code **32308**

FEC ID number of contributing federal political committee. **C H6FL02208**

Name of Employer **Panama City Urology Center** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 / /

Transaction ID : SA11D.4341

Amount of Each Receipt this Period
5400.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

5400.00

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 167
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
NEAL PATRICK DUNN

Mailing Address **2640A MITCHAM DRIVE**

City **TALLAHASSEE** State **FL** Zip Code **32308**

FEC ID number of contributing federal political committee. **C H6FL02208**

Name of Employer **Panama City Urology Center** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
55400.00

Date of Receipt
 / /

Transaction ID : SA13A.5143

Amount of Each Receipt this Period

Personal Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 167			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 5555 Hilton Ave Ste. 106		Amount of Each Disbursement this Period 306.90 Transaction ID : SB17.4259
City Baton Rouge	State LA	
Purpose of Disbursement Service Charge	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 5555 Hilton Ave Ste. 106		Amount of Each Disbursement this Period 270.60 Transaction ID : SB17.4431
City Baton Rouge	State LA	
Purpose of Disbursement Service Charge	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 5555 Hilton Ave Ste. 106		Amount of Each Disbursement this Period 79.20 Transaction ID : SB17.4459
City Baton Rouge	State LA	
Purpose of Disbursement Service Charge	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	656.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 167			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5555 Hilton Ave Ste. 106		Amount of Each Disbursement this Period 492.69 Transaction ID : SB17.5182
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Service Charge	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 5555 Hilton Ave Ste. 106		Amount of Each Disbursement this Period 882.77 Transaction ID : SB17.4561
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Service Charge	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste. 106		Amount of Each Disbursement this Period 473.96 Transaction ID : SB17.4848
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Service Charge	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1849.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 167			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Bascom Communications			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015		
Mailing Address PO Box 2442			Amount of Each Disbursement this Period 3750.00		
City Tallahassee	State FL	Zip Code 32316	Transaction ID : SB17.5185		
Purpose of Disbursement Communications Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Boardwalk Designs			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015		
Mailing Address 1312 Louisiana Ave			Amount of Each Disbursement this Period 293.14		
City Lynn Haven	State FL	Zip Code 32444	Transaction ID : SB17.4449		
Purpose of Disbursement Advertising		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Boardwalk Designs			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015		
Mailing Address 1312 Louisiana Ave			Amount of Each Disbursement this Period 293.14		
City Lynn Haven	State FL	Zip Code 32444	Transaction ID : SB17.5184		
Purpose of Disbursement Advertising		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	4336.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 159 OF 167	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Andrew H Borom		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3334 Capital Medical Blvd Ste. 400		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5157
City Tallahassee	State FL	
Zip Code 32308	Purpose of Disbursement In-kind - Food	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bill Butler		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 5206 Bayshore Blvd		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5152
City Tampa	State FL	
Zip Code 33311	Purpose of Disbursement In-kind - Food and Beverages	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Carroll and Company CPA's		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 2640-A Mitcham Drive		Amount of Each Disbursement this Period 2325.00 Transaction ID : SB17.4447
City Tallahassee	State FL	
Zip Code 32308	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 167			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Color Press		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 3430 Highway 77 Suite D		Amount of Each Disbursement this Period 1084.67
City Panama City	State FL	
Zip Code 32405	Purpose of Disbursement Printing	Transaction ID : SB17.4445
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Color Press		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 3430 Highway 77 Suite D		Amount of Each Disbursement this Period 1239.36
City Panama City	State FL	
Zip Code 32405	Purpose of Disbursement Printing	Transaction ID : SB17.5183
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Susan M Craven		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1015 W Caroline Blvd		Amount of Each Disbursement this Period 2582.46
City Panama City	State FL	
Zip Code 32401	Purpose of Disbursement In-kind - Food and Event Supplies	Transaction ID : SB17.5162
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4906.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 167			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Alan M Dunn			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2015	
Mailing Address 3201 Garfield Street NW			Amount of Each Disbursement this Period 1790.17	
City Washington	State DC	Zip Code 20008	Transaction ID : SB17.5146	
Purpose of Disbursement In-kind - Food, Beverages, Event Supplies		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Debra R Dunn			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2015	
Mailing Address 3201 Garfield Street NW			Amount of Each Disbursement this Period 1790.17	
City Washington	State DC	Zip Code 20008	Transaction ID : SB17.5149	
Purpose of Disbursement In-kind - Food, Beverages, Event Supplies		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Karen L Durden			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015	
Mailing Address PO Box 28030			Amount of Each Disbursement this Period 1700.00	
City Panama City Beach	State FL	Zip Code 32411	Transaction ID : SB17.5167	
Purpose of Disbursement In-kind - Food and Beverages		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5280.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 167			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Aida Elzawahry		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 2202 State Ave Ste. 201		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.5155
City Panama City	State FL	
Zip Code 32405	Purpose of Disbursement In-kind - Food and Beverages	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. James T Green		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 5233 Finisterre Drive		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.5174
City Panama City Beach	State FL	
Zip Code 32408	Purpose of Disbursement In-kind - Food and Beverages	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Patrick Myatt Green		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7609 Sunset Ave		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.5170
City Panama City	State FL	
Zip Code 32408	Purpose of Disbursement In-kind - Food and Beverages	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 167			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Nancy M Healey		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1162 Cove Point Dr		Amount of Each Disbursement this Period 2299.62 Transaction ID : SB17.5165
City Panama City	State FL	
Zip Code 32401	Purpose of Disbursement In-kind - Beverages, Security, Event Supplies	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MsgCmd, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1910 Seagate Ave		Amount of Each Disbursement this Period 6320.14 Transaction ID : SB17.5181
City Neptune Beach	State FL	
Zip Code 32266	Purpose of Disbursement Website Maintenance & Advertising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Doug Murphy		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 6260 SW 21st Court Road		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4709
City Ocala	State FL	
Zip Code 34471	Purpose of Disbursement In-kind - Food	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9319.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 167	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. Ramon Perez-Marrero		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 1854 Kinsmere Drive		Amount of Each Disbursement this Period 460.00 Transaction ID : SB17.5159
City State Zip Code Trinity FL 34655	Purpose of Disbursement In-kind - Food and Event Supplies	
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USAA Savings Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 10750 McDermott Fwy		Amount of Each Disbursement this Period 4689.76 Transaction ID : SB17.4432
City State Zip Code San ANtonio TX 78288	Purpose of Disbursement Credit Card Payment	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Enterprise Rent a Car		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 1104 W 15th St		Amount of Each Disbursement this Period 671.33 Transaction ID : SB17.4432.0 [MEMO ITEM]
City State Zip Code Panama City FL 32401	Purpose of Disbursement Rental Car	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5149.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 167			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. DoubleTree - Tampa		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 3050 N Rocky Point Dr W		Amount of Each Disbursement this Period 207.54
City Tampa	State FL Zip Code 33607	
Purpose of Disbursement Travel	Category/Type	Transaction ID : SB17.4432.1 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bay County Chamber of Conference		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 235 West 5th Street		Amount of Each Disbursement this Period 1000.00
City Panama City	State FL Zip Code 32401	
Purpose of Disbursement Event Tickets	Category/Type	Transaction ID : SB17.4432.2 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 354.20
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Air Travel	Category/Type	Transaction ID : SB17.4432.3 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 167			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. DoubleTree - Tampa			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015		
Mailing Address 3050 N Rocky Point Dr W			Amount of Each Disbursement this Period 1646.01		
City Tampa	State FL	Zip Code 33607	Transaction ID : SB17.4432.4 [MEMO ITEM]		
Purpose of Disbursement Travel		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	42773.75

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5143

FRIENDS OF NEAL DUNN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

NEAL PATRICK DUNN

Primary
 General
 Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2015

NONE

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

50000.00

TOTALS This Period (last page in this line only)..... ▶

50000.00

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