

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 CARLOS CURBELO CONGRESS

ADDRESS (number and street) 8724 SW 72nd St Miami FL 33173-3512 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00546846 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT FL 26

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 08 / 30 / 2016 in the State of FL (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 08 / 10 / 2016

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 Paul Kilgore

Signature of Treasurer Paul Kilgore [Electronically Filed] Date 08 / 18 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
CARLOS CURBELO CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	80100.00	2626354.16
(b) Total Contribution Refunds (from Line 20(d))	0.00	7150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	80100.00	2619204.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	228757.93	944704.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	185.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	228757.93	944519.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1992684.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CARLOS CURBELO CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 08 / 10 / 2016

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).....	31770.00	1293703.77
(ii) Unitemized	1930.00	43810.01
(iii) TOTAL of contributions from individuals	33700.00	1337513.78
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	46400.00	1288840.38
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	80100.00	2626354.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	248.86	257683.36
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	185.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	3756.26
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	80348.86	2887978.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	228757.93	944704.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	868.47
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	20000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	20000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	4850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2300.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	7150.00
21. OTHER DISBURSEMENTS	0.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	228757.93	976722.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2141093.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	80348.86
25. SUBTOTAL (add Line 23 and Line 24).....	2221442.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	228757.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1992684.37

**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 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert W Rust

Mailing Address 1430 S Dixie Hwy Ste 315

City State Zip Code
Coral Gables FL 33146-3174

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

Name of Employer Information Requested Occupation Information Requested

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
07 / 14 / 2016

Transaction ID : A681CCD5040DB46BA88A

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. John K Karayan

Mailing Address PO Box 141309

City State Zip Code
Coral Gables FL 33114-1309

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

Name of Employer Information Requested Occupation Information Requested
Miami Dade County Public Schools Math Teacher

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
08 / 10 / 2016

Transaction ID : AA17302534AC64C65BA1

Amount of Each Receipt this Period
5.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Harry Hoffman

Mailing Address 13950 SW 106th St

City State Zip Code
Miami FL 33186-3131

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

Name of Employer Information Requested Occupation Information Requested
MDC Teacher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : A32E0060A56CE4DF0A4D

Amount of Each Receipt this Period
50.00

Memo Item

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

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

2755.00

**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 6 OF 65
	<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)
CARLOS CURBELO CONGRESS

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

Mailing Address 1223 Petronia Street

City State Zip Code
Key West FL 33040-7232

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

Name of Employer Occupation
Self Employed Author

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2016

Transaction ID : A20A27059D8F24230B6D

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Stanley G. Tate

Mailing Address 1175 NE 125th Street Suite 102

City State Zip Code
North Miami FL 33161-5009

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

Name of Employer Occupation
Tate Enterprises President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2675.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2016

Transaction ID : A416CAB857D4A4733AE0

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 25 Stoney Wilde Ln

City State Zip Code
Greenwich CT 06830-3408

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2016

Transaction ID : AB813B4C4E90E44FAA07

Amount of Each Receipt this Period
250.00

Memo Item

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 7 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Eric M Javits

Mailing Address 150 Bradley Place
Apt 407

City State Zip Code
Palm Beach FL 33480-3836

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

Name of Employer Occupation Information Requested
Information Requested

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
 07 / 30 / 2016

Transaction ID : AE962EDE729254845AA5

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Vivian R. Roca

Mailing Address 4535 SW 62 Ct

City State Zip Code
Miami FL 33155-5936

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

Name of Employer Occupation Information Requested
Information Requested

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 / 01 / 2016

Transaction ID : AA97F6DF5D6254A39870

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 615 Front St

City State Zip Code
San Francisco CA 94111-1913

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

Name of Employer Occupation Information Requested
Oberndorf Enterprises Executive

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
 07 / 25 / 2016

Transaction ID : AADC35A29742E442D878

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

4700.00

**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 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Pedro Bustamante

Mailing Address 251 E 55th St

City State Zip Code
Hialeah FL 33013-1440

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

Name of Employer Occupation
None Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : A74041D2CCA904C27985

Amount of Each Receipt this Period
5.00

Memo Item

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

Mailing Address 990 NW 72nd St

City State Zip Code
Miami FL 33150-3617

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

Name of Employer Occupation
None Retired

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 / 10 / 2016

Transaction ID : A2FE75D03AC8B42CCB99

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 620 Santurce Ave

City State Zip Code
Coral Gables FL 33143

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : AC0A3289626E44489859

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3205.00

**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 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Claudio Martinez

Mailing Address 14500 SW 94th Court

City Miami State FL Zip Code 33176-7856

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

Name of Employer Marco Technology Group Occupation Mechanical Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2016

Transaction ID : A7D003A001B2949A8A31

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

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

Mailing Address 22 Ritz Cove Dr

City Dana Point State CA Zip Code 92629-4226

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

Name of Employer Arbitech Inc Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : A7949EF7BAF0B4187A4A

Amount of Each Receipt this Period
 _____ -1000.00

Memo Item
Chargeback

C. Full Name (Last, First, Middle Initial)
Mr. Claudio Martinez

Mailing Address 14500 SW 94th Court

City Miami State FL Zip Code 33176-7856

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

Name of Employer Marco Technology Group Occupation Mechanical Engineer

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
 08 / 10 / 2016

Transaction ID : AE911520F90DC491CB61

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

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

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

_____ -950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Celeste Schettig

Mailing Address 609 Frances st.

City Key West	State FL	Zip Code 33040-7122
------------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

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
 07 / 30 / 2016

Transaction ID : AB777E33047DF40128E4

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 16181 W Troon Circle

City Miami Lakes	State FL	Zip Code 33014-6548
---------------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

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 / 10 / 2016

Transaction ID : A07E4AD8977394AE3ACA

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Alexander D Casas

Mailing Address 1848 sw 153 passage

City Miami	State FL	Zip Code 33185
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FEC ID number of contributing federal political committee. **C**

Name of Employer FIU	Occupation Chief of Police
-------------------------	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2016

Transaction ID : A6067DCCC99D1492397C

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 65
	<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)
CARLOS CURBELO CONGRESS

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

Mailing Address 615 Front St

City San Francisco State CA Zip Code 94111-1913

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

Name of Employer None Occupation Homemaker

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
 07 / 25 / 2016

Transaction ID : AB9FD2048F77D499B8A3

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Ann L. Johnson

Mailing Address 1220 South Ocean Boulevard

City Palm Beach State FL Zip Code 33480-5016

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

Name of Employer None Occupation Retired

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 / 10 / 2016

Transaction ID : A4CC07343549B4C3FA0D

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. John K Karayan

Mailing Address PO Box 141309

City Coral Gables State FL Zip Code 33114-1309

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

Name of Employer Miami Dade County Public Schools Occupation Math Teacher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
395.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2016

Transaction ID : A84013C5F3B9D47F6BF8

Amount of Each Receipt this Period
5.00

Memo Item

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

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

5405.00

**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 12 OF 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ronald M. Cameron

Mailing Address PO BOX 21440

City Little Rock State AR Zip Code 72221-1440

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

Name of Employer Mountaire Corporation Occupation Chairman

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
 07 / 28 / 2016

Transaction ID : A7B2F5BB651D242928BC

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Pedro Bustamante

Mailing Address 251 E 55th St

City Hialeah State FL Zip Code 33013-1440

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

Name of Employer None Occupation Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
410.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2016

Transaction ID : A76099F77E3DF48F9A93

Amount of Each Receipt this Period
5.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Charles B. Johnson

Mailing Address 1220 South Ocean Blvd

City Palm Beach State FL Zip Code 33480-5016

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

Name of Employer None Occupation Retired

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 / 10 / 2016

Transaction ID : A7CC61F5FB9474A25A40

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5405.00

**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 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Doured Daghistani

Mailing Address 5975 SW 104 Street

City	State	Zip Code
Miami	FL	33156-4130

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
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : A83CCE5D115EA4BB9AB4

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Ana Noa

Mailing Address 13763 SW 9th Street

City	State	Zip Code
Miami	FL	33184-3018

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

Name of Employer	Occupation
The Noa Law Firm, P.A.	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : A0920FB67FBBC492A9E5

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 10135 SW 115th CT

City	State	Zip Code
Miami	FL	33176-2537

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

Name of Employer	Occupation
Belavo Sales & Marketing Company	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
08 / 01 / 2016

Transaction ID : A68DFF8C3298C478AB4B

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1350.00

**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 65

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Karen Horan

Mailing Address 608 WHITEHEAD STREET

City State Zip Code
 Key West FL 33040-6549

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

Name of Employer Occupation
 Horan, Wallace & Higgins Paralegal

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
 07 30 2016

Transaction ID : AD540AC3095804E2CBE1

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Raquel T Condo

Mailing Address 9901 SW 20 St

City State Zip Code
 Miami FL 33165

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

Name of Employer Occupation
 None 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 05 2016

Transaction ID : A718F047A38064824812

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kim Robert Kiyosaki

Mailing Address 3317 East Bell Rd
 101-107

City State Zip Code
 Phoenix AZ 85032-2724

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

Name of Employer Occupation
 Cashflow Technologies 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
 07 11 2016

Transaction ID : AC6046D505E6247D38FA

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

1350.00

**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 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Carmen Alvarez

Mailing Address 990 NW 72nd St

City Miami State FL Zip Code 33150-3617

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

Name of Employer None Occupation Retired

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 / 10 / 2016

Transaction ID : ADA0FF521CAAB4CF69B7

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 10321 S.W. 99 Avenue

City Miami State FL Zip Code 33176-2878

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

Name of Employer Malloy & Malloy P.L. Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : A60550EA34E5E4E06A7B

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mrs. Ann L. Johnson

Mailing Address 1220 South Ocean Boulevard

City Palm Beach State FL Zip Code 33480-5016

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

Name of Employer None Occupation Retired

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 / 10 / 2016

Transaction ID : A1FE05FD7491C4CA890B

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5425.00

**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 16 OF 65
	<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)
CARLOS CURBELO CONGRESS

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

Mailing Address 5741 SE Forest Glade Trl

City State Zip Code
Hobe Sound FL 33455-8302

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

Name of Employer Occupation
Next Era Energy Nuclear Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : A92DE124F31B04EF59BD

Amount of Each Receipt this Period
-1000.00

Memo Item
Chargeback

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

Mailing Address 1220 South Ocean Blvd

City State Zip Code
Palm Beach FL 33480-5016

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

Name of Employer Occupation
None Retired

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 / 10 / 2016

Transaction ID : AEF5FD12B45904B2A8AA

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 644 W 51st Terrace

City State Zip Code
Miami Beach FL 33140-2617

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

Name of Employer Occupation
Dotchi, LLC Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : A031449B82D6748DDB1A

Amount of Each Receipt this Period
-1500.00

Memo Item
Chargeback

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

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

200.00

**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 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William Martin

Mailing Address 301 Spring Hill Rd

City Skillman State NJ Zip Code 08558-1424

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

Name of Employer Raging Capital Occupation CIO

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
 07 / 26 / 2016

Transaction ID : A97D706845D3943C099B

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Stanley Margulies

Mailing Address 3241 SW 51st St

City Fort Lauderdale State FL Zip Code 33312-7916

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
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : A04E3AA63ACBA4230B02

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 50 Alhambra Plaza

City Coral Gables State FL Zip Code 33134-5204

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2016

Transaction ID : A23306082266B4E4B949

Amount of Each Receipt this Period
100.00

Memo Item

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 18 OF 65
	<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)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ralph P Hellmann

Mailing Address 3310 Old Dominion Blvd

City Alexandria State VA Zip Code 22305-1318

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

Name of Employer Lugar Hellmann Group Occupation Consultant

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
 07 / 05 / 2016

Transaction ID : AEB03A638A08841AA98B

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

500.00

31770.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Defending American Values Everywhere PAC (Dave Pac)

Full Name (Last, First, Middle Initial)
Mailing Address 1390 Chain Bridge Rd
515

City McLean State VA Zip Code 22101-3904

FEC ID number of contributing federal political committee. **C C00571216**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : A3D9BA294D93849F39A0

Amount of Each Receipt this Period
2000.00

Memo Item

B. Chevron Employees Pac - Chevron Corporation

Full Name (Last, First, Middle Initial)
Mailing Address 6101 Bollinger Canyon Rd
Rm 3418

City San Ramon State CA Zip Code 94583-5177

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : ACEEE20E036BE47A0BCB

Amount of Each Receipt this Period
2500.00

Memo Item

C. Jump Into Action For Conservatives To Keep Our Ideas Elevated Pac (JACKIE PAC)

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313-6141

FEC ID number of contributing federal political committee. **C C00582726**

Name of Employer Occupation

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
08 / 01 / 2016

Transaction ID : A3F4EE3F564814A1BB40

Amount of Each Receipt this Period
1700.00

Memo Item

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 20 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Pacific Life Insurance Pac

Mailing Address 700 Newport Center Dr

City State Zip Code
Newport Beach CA 92660-6307

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2016

Transaction ID : AD29231B98E3B4817827

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Liberty & Prosperity Pac

Mailing Address 19 Cattano Ave

City State Zip Code
Morristown NJ 07960-6839

FEC ID number of contributing federal political committee. **C C00492538**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016

Transaction ID : AD607CE96101549B2A37

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Allen West Guardian Fund

Mailing Address 2140 Three M Trl

City State Zip Code
Deland FL 32720-1615

FEC ID number of contributing federal political committee. **C C00493221**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016

Transaction ID : A2651B84CEA4A4A39A69

Amount of Each Receipt this Period
 5000.00

Memo Item

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 21 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Thunderbolt Pac

Mailing Address 824 S Milledge Ave
Ste 101

City Athens State GA Zip Code 30605-1332

FEC ID number of contributing federal political committee. **C C00574376**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016

Transaction ID : AF05DE1345A6949639FF

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Having Unwavering Resolve And Determination PAC (H.u.r.d. Pac)

Mailing Address 138 Conant St

City Beverly State MA Zip Code 01915-1665

FEC ID number of contributing federal political committee. **C C00605212**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016

Transaction ID : AD6D1235F190D4B88AA1

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
United Parcel Service Inc. Pac

Mailing Address 55 Glenlake Pkwy

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2016

Transaction ID : A6FB0EB8A0A774340A44

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4700.00

**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 22 OF 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Come Back PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2485
 City Springfield State VA Zip Code 22152-0485
 FEC ID number of contributing federal political committee. **C C00400457**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016
Transaction ID : A995655E341F94B61B63
 Amount of Each Receipt this Period
 3000.00
 Memo Item

B. Bluegrass Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 1/2 E St NE
 City Washington State DC Zip Code 20002-4923
 FEC ID number of contributing federal political committee. **C C00235655**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : AF9CEBC168CD84215BFC
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Pnc PAC Federal
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 5th Ave FI 21
 City Pittsburgh State PA Zip Code 15222-2707
 FEC ID number of contributing federal political committee. **C C00186064**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016
Transaction ID : AA8EB6869F4854466811
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Medical Device Manufacturers Assn. PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 34591

City Washington State DC Zip Code 20043-4591

FEC ID number of contributing federal political committee. **C C00484162**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016

Transaction ID : ABD074DEEB22B48B1A2C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Hispanic Leadership Council PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4407 Chase Ave

City Bethesda State MD Zip Code 20814-4603

FEC ID number of contributing federal political committee. **C C00611350**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2016

Transaction ID : A1D0AFB3299884E39B02

Amount of Each Receipt this Period
-5000.00

Memo Item
 NSF Returned Item

C. Chevron Employees Pac - Chevron Corporation

Full Name (Last, First, Middle Initial)
Mailing Address 6101 Bollinger Canyon Rd Rm 3418

City San Ramon State CA Zip Code 94583-5177

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016

Transaction ID : A756655145106414B9A6

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

-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 24 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. National Association Of Realtors Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Michigan Ave
 City State Zip Code
 Chicago IL 60611-4011
 FEC ID number of contributing federal political committee. **C C00030718**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : A206AFFE2C3264B20B4B
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Pfizer Inc. Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 E 42nd St
 City State Zip Code
 New York NY 10017-5703
 FEC ID number of contributing federal political committee. **C C00016683**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2016
Transaction ID : A7A92841251AD4C21822
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Union Pacific Corp. Fund For Effective Government
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 13th St NW
 City State Zip Code
 Washington DC 20005-3960
 FEC ID number of contributing federal political committee. **C C00010470**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016
Transaction ID : A61E5236324644C40A6E
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

3500.00

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

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

FOR LINE NUMBER: PAGE 25 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Mcdonalds Corporation PAC

Mailing Address 2111 McDonalds Dr
Dept 213

City State Zip Code
Oak Brook IL 60523-5500

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : A871FD3A7CDCC4A478B1

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Southern Wine & Spirits PAC

Mailing Address 1600 NW 163rd St

City State Zip Code
Miami FL 33169-5641

FEC ID number of contributing federal political committee. **C C00217877**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : A27771CF09D1548EFA78

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 220 1/2 E St NE

City State Zip Code
Washington DC 20002-4923

FEC ID number of contributing federal political committee. **C C00235655**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : ACD8CF52ACD8425BB01

Amount of Each Receipt this Period
4000.00

Memo Item

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

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

11500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Buffalo Wild Wings Pac

Mailing Address 5500 Wayzata Blvd
Ste 1600

City Minneapolis State MN Zip Code 55416-1237

FEC ID number of contributing federal political committee. **C C00492157**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : A8C55D1C604574528BED

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ubs Americas Inc. Pac (Ubs Pac)

Mailing Address 677 Washington Blvd

City Stamford State CT Zip Code 06901-3707

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2016

Transaction ID : A50C9EAE8017F4F6E803

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016

Transaction ID : A6628790A7AB3468F8FC

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

10000.00

46400.00

**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 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CARLOS CURBELO CONGRESS

A. Full Name (Last, First, Middle Initial)
Millennial Gop Victory Committee

Mailing Address 310 1st St SE

City Washington State DC Zip Code 20003-1885

FEC ID number of contributing federal political committee. **C** C00590703

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
 08 / 04 / 2016

Transaction ID : A9ADE40C0111C4DD391A

Amount of Each Receipt this Period
 248.86

Memo Item
 Transfer of Net JFC Funds

B. Full Name (Last, First, Middle Initial)
Commercial Real Estate Finance Council PAC

Mailing Address 20 Broad St
 FI 7

City New York State NY Zip Code 10005-2601

FEC ID number of contributing federal political committee. **C** C00411173

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
 08 / 04 / 2016

Transaction ID : A6D0C6DBA659F4C55A21

Amount of Each Receipt this Period
 1500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

248.86

248.86

**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 28 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 824 S Milledge Ave Ste 101		Amount of Each Disbursement this Period 3192.19
City Athens State GA Zip Code 30605-1332	Purpose of Disbursement Compliance Consulting 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BADE4463A0DDF4FDAB1B
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 205 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 2400.00
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BCBC0569CEA0D4116BB2
State: District:		

Full Name (Last, First, Middle Initial) C. AM Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 13167 NW 7th Street		Amount of Each Disbursement this Period 5600.00
City Miami State FL Zip Code 33182-2361	Purpose of Disbursement Field Consulting 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B94FB46189BBC42C2AE3
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11192.19
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 29 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 143.95
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BCD95F940AF5E4EAC80C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. David Johnson Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 200 W College Ave		Amount of Each Disbursement this Period 5000.00
City Tallahassee	State FL	
Zip Code 32301-7710	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	Transaction ID : B63D94BC59A354D1EB2F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. OnMessage Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 8650.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media Consulting	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BF78292F85567462B8B0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	13793.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. The Oorbeek Group			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 5614 Garnetts Farm Dr			Amount of Each Disbursement this Period 19920.67		
City Haymarket	State VA	Zip Code 20169-4532	<input type="checkbox"/> Memo Item Transaction ID : B706CA3EBAD614D39A9C		
Purpose of Disbursement Fundraising Consulting		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. ZDB, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 131 Madeira Avenue			Amount of Each Disbursement this Period 10000.00		
City Coral Gables	State FL	Zip Code 33134-4515	<input type="checkbox"/> Memo Item Transaction ID : B3799DE3D57AC438191A		
Purpose of Disbursement Fundraising Consulting		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) c. Donate Bucket			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 1779 N. University Dr #102			Amount of Each Disbursement this Period 2.60		
City Hollywood	State FL	Zip Code 33024-0929	<input type="checkbox"/> Memo Item Transaction ID : B1AC8CDE9A84148B6A56		
Purpose of Disbursement CC Transaction Fees		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	29923.27
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 31 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 1.59
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : B5897CB0CDCD341F4A77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Storage Mart		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 215 N Stadium Blvd #207		Amount of Each Disbursement this Period 88.07
City Columbia	State MO	
Zip Code 65203-1160	Purpose of Disbursement Storage Unit Rental	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BF7D1C09F1E7E4F80834
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 25.70
City Hollywood	State FL	
Zip Code 33024-0929	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BC8CE835986BA45C3812
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	115.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. OnMessage Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1610.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B4591CC0F7B3B481CACD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 11815 SW 26th Street		Amount of Each Disbursement this Period 65.00
City Miami	State FL	
Zip Code 33175	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BDD2CB6334486460CA1C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 205 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 2400.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Software	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BA68EF98983194E60B11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	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 33 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address PO Box 4418		Amount of Each Disbursement this Period 12.50
City Atlanta	State GA Zip Code 30302-4418	
Purpose of Disbursement Bank Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B336B2498FE144998966
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Nicole Rapanos		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 1021 Margaret St Apt 3		Amount of Each Disbursement this Period 6000.00
City Key West	State FL Zip Code 33040-3296	
Purpose of Disbursement Campaign Strategy	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B60CA3688304946F3B81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. The Oorbeek Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 5614 Garnetts Farm Dr		Amount of Each Disbursement this Period 23792.46
City Haymarket	State VA Zip Code 20169-4532	
Purpose of Disbursement Fundraising Consulting	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BDFDB03513FA840088CE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	29804.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 12.60
City Hollywood	State FL Zip Code 33024-0929	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B728FF0CFB11D442D834
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 8.54
City San Francisco	State CA Zip Code 94110-2043	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B27F84C95A5A74794B4B
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Fedex		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 2417 Ponce de Leon Blvd		Amount of Each Disbursement this Period 64.92
City Miami	State FL Zip Code 33134	
Purpose of Disbursement Shipping	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BB93737891C2F4147A7E
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	86.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 51.20
City Hollywood	State FL	Zip Code 33024-0929
Purpose of Disbursement CC Transaction Fees	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : BA1138B7963194DB3903	

Full Name (Last, First, Middle Initial) B. DC Taxi		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 2235 Shannon Place SE		Amount of Each Disbursement this Period 10.36
City Washington	State DC	Zip Code 20020-5739
Purpose of Disbursement Travel Expense	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : B10FF16A038BF4E5BA34	

Full Name (Last, First, Middle Initial) c. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 12.60
City Hollywood	State FL	Zip Code 33024-0929
Purpose of Disbursement CC Transaction Fees	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : BBE12ADB4D8684900B3A	

SUBTOTAL of Disbursements This Page (optional).....	74.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 6.40
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B6C69AA7D4E084FA787F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Groundswell Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 705 SW 5th Avenue		Amount of Each Disbursement this Period 18671.50
City Miami	State FL	
Zip Code 33130	Purpose of Disbursement Yard Signs	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : BBFB8518C8E1245EABAB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Max		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 11815 SW 26th Street		Amount of Each Disbursement this Period 42.99
City Miami	State FL	
Zip Code 33175	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B09404441584044B192C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18720.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 135.10
City Hollywood	State FL	
Zip Code 33024-0929	Purpose of Disbursement CC Transaction Fees	Transaction ID : B8B37DEEFE8EC4C68BFD
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Gogoair.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address 1250 N Arlington Heights Rd Ste 500		Amount of Each Disbursement this Period 14.95
City Itasca	State IL	
Zip Code 60143-1216	Purpose of Disbursement Internet	Transaction ID : B7D857F98AB2D43849E3
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 7.60
City Hollywood	State FL	
Zip Code 33024-0929	Purpose of Disbursement CC Transaction Fees	Transaction ID : B904010A7E07A472AB77
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	157.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. DC Taxi		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address 2235 Shannon Place SE		Amount of Each Disbursement this Period 14.14
City Washington	State DC	
Zip Code 20020-5739	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	Transaction ID : B76EA95A31C4C466294A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Election Connections		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address PO Box 10866		Amount of Each Disbursement this Period 829.24
City Tallahassee	State FL	
Zip Code 32302-2866	Purpose of Disbursement Polling	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	Transaction ID : BB8D30139CE2C4ACDA08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 5.54
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : B8047D12E2BC549CFBFAF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	848.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 2.60
City Hollywood	State FL Zip Code 33024-0929	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BFB3DA3CF25F24E7B850
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. David Johnson Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 200 W College Ave		Amount of Each Disbursement this Period 12000.00
City Tallahassee	State FL Zip Code 32301-7710	
Purpose of Disbursement Fundraising Consulting	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B089628AFD9A542DBB2A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 1.35
City Hollywood	State FL Zip Code 33024-0929	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B4D909EAC5E5D43E2B3E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12003.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Clark Hill		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 950.00
City Washington	State DC	
Zip Code 20004-2601	Purpose of Disbursement Legal Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : BE8F623A6D02F474189E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 2.34
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : BE07FCE59DD20425B981
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 25.10
City Hollywood	State FL	
Zip Code 33024-0929	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : B3068C9F3BC1C48B9A41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	977.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 6.33
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : B8ECE74A43CA34B8D989
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Oorbeek Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address 5614 Garnetts Farm Dr		Amount of Each Disbursement this Period 17760.87
City Haymarket	State VA	
Zip Code 20169-4532	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : B66BCADB590214C16A7A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 135.10
City Hollywood	State FL	
Zip Code 33024-0929	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BFF5A97249EFC484EB6F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17902.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 230.65 <input type="checkbox"/> Memo Item
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone	Transaction ID : B988F5AE52C9A4F72A08
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 4.68 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	Transaction ID : B5768B75AB1E74719905
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Florida Light and Power		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2016
Mailing Address 700 Universe Blvd		Amount of Each Disbursement this Period 218.75 <input type="checkbox"/> Memo Item
City Juno Beach	State FL	
Zip Code 33408-2657	Purpose of Disbursement Utilities	Transaction ID : B498F415B36B34D7E9AC
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	454.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Donate Bucket		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 50.10
City Hollywood	State FL Zip Code 33024-0929	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : B5261AE389BD746C995B	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 9.60
City San Francisco	State CA Zip Code 94110-2043	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : B82D53D1B3E6C4FFCADE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 11.64
City San Francisco	State CA Zip Code 94110-2043	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : B919C0B8491AA418FA7A	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	71.34
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 44 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 3.37
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BDDECFFB4713E4707B59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 251.19
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B8948B104179B4B32AFC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. McLaughlin & Associates		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 37000.00
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Polling	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BEBBED5C534274DFEBDF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	37254.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Chevron			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016		
Mailing Address 2201 SW 122nd Ave			Amount of Each Disbursement this Period 5.11		
City Miami	State FL	Zip Code 33175	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel Expense		Category/ Type 001			
Candidate Name			Transaction ID : B1005AB2EE93A4E24B1E		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Donate Bucket			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2016		
Mailing Address 1779 N. University Dr #102			Amount of Each Disbursement this Period 10.45		
City Hollywood	State FL	Zip Code 33024-0929	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CC Transaction Fees		Category/ Type 001			
Candidate Name			Transaction ID : B5DD80901EA44449D92C		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. Minuteman Press			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2016		
Mailing Address 1704 Ponce de Leon Blvd			Amount of Each Disbursement this Period 588.50		
City Coral Gables	State FL	Zip Code 33134-4417	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Printing		Category/ Type 004			
Candidate Name			Transaction ID : B4BBE2AB0754740FE8BF		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	604.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address 11815 SW 26th Street		Amount of Each Disbursement this Period 87.72
City Miami	State FL Zip Code 33175	
Purpose of Disbursement Office Supplies	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B5DBA87B7D9BB4430B9B
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. OnMessage Inc.		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1630.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Media Consulting	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B5C0B9E203DDD4427B0D
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. The Oorbeek Group		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 5614 Garnetts Farm Dr		Amount of Each Disbursement this Period 17966.18
City Haymarket	State VA Zip Code 20169-4532	
Purpose of Disbursement Fundraising Consulting	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BECA204882FDC4481A14
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	19683.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 65			
	<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)
CARLOS CURBELO CONGRESS

A. AM Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 13167 NW 7th Street

City Miami State FL Zip Code 33182-2361

Purpose of Disbursement Field Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 03 / 2016

Amount of Each Disbursement this Period: 15000.00

Memo Item

Transaction ID : BB80B1FF78F094E41A03

B. Professional Data Services

Full Name (Last, First, Middle Initial)
Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605-1332

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 03 / 2016

Amount of Each Disbursement this Period: 1559.02

Memo Item

Transaction ID : B58324831C8DB4B1D9EA

c. Stripe

Full Name (Last, First, Middle Initial)
Mailing Address 3180 18th Street

City San Francisco State CA Zip Code 94110-2043

Purpose of Disbursement CC Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2016

Amount of Each Disbursement this Period: 0.59

Memo Item

Transaction ID : B214E682A45024074BDA

SUBTOTAL of Disbursements This Page (optional)..... 16559.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Chevron		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 2201 SW 122nd Ave		Amount of Each Disbursement this Period 30.00
City Miami	State FL	
Zip Code 33175	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B1FF5BBE04AD242C9999
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Donate Bucket		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 1779 N. University Dr #102		Amount of Each Disbursement this Period 2.20
City Hollywood	State FL	
Zip Code 33024-0929	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B49DB28F4801345B49C9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement MM / DD / YYYY 08 / 06 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110-2043	Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B8043928B153F4EBFBC2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Keys Weekly Newspapers		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 9709 Overseas Hwy		Amount of Each Disbursement this Period 900.00
City Marathon	State FL Zip Code 33050-3342	
Purpose of Disbursement Advertising	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B9F4D1DF57ACF44D68F5
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 5.34
City San Francisco	State CA Zip Code 94110-2043	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B2444B2F4FE764BA2BDD
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) c. Mrs. Mirta Iglesias		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 177 Ocean Lane Drive #208		Amount of Each Disbursement this Period 360.00
City Key Biscayne	State FL Zip Code 33149-1425	
Purpose of Disbursement Translation Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B9C90FD9A4C7D447A91F
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		

SUBTOTAL of Disbursements This Page (optional).....	1265.34
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 50 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Wyndham			Date of Disbursement MM / DD / YYYY 08 / 10 / 2016		
Mailing Address 22 Sylvan Way			Amount of Each Disbursement this Period 7.00		
City Parsippany	State NJ	Zip Code 07054-3801	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel Expense		Category/ Type 001			
Candidate Name			Transaction ID : BE7B93FDBFF644D29B35		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Chris Miles			Date of Disbursement MM / DD / YYYY 07 / 05 / 2016		
Mailing Address 3175 SW 19th St			Amount of Each Disbursement this Period 727.59		
City Miami	State FL	Zip Code 33145-1927	Memo Item <input type="checkbox"/>		
Purpose of Disbursement See Memo Entries		Category/ Type 001			
Candidate Name			Transaction ID : B5DC40A2FA5254F6DBFF		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement MM / DD / YYYY 07 / 05 / 2016		
Mailing Address 3200 E Airfield Dr			Amount of Each Disbursement this Period 316.20		
City DFW	State TX	Zip Code 75261	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Airfare		Category/ Type 002			
Candidate Name			Transaction ID : BF4AE5E03DEA64274A3E		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	734.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 800 Market St			Amount of Each Disbursement this Period 82.86		
City San Francisco	State CA	Zip Code 94102	<input checked="" type="checkbox"/> Memo Item Transaction ID : BA851AC79D18E4E16994		
Purpose of Disbursement Travel Expense		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. W Hotels			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 515 15th St, NW			Amount of Each Disbursement this Period 328.53		
City Washington	State DC	Zip Code 20004-1006	<input checked="" type="checkbox"/> Memo Item Transaction ID : B8040CE37704F4F6B89C		
Purpose of Disbursement Lodging		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Gina Rimart			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016		
Mailing Address 8724 Sunset Dr #289			Amount of Each Disbursement this Period 884.88		
City Miami	State FL	Zip Code 33173-3512	<input type="checkbox"/> Memo Item Transaction ID : B20EF3ED9A6434C83932		
Purpose of Disbursement See Memo Entries		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	884.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 12495 SW 88th St		Amount of Each Disbursement this Period 884.88
City Miami	State FL Zip Code 33186	
Purpose of Disbursement Office Supplies	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	Transaction ID : BB43578C426014E07A9B

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1596.94
City Wilmington	State DE Zip Code 19886-5153	
Purpose of Disbursement See Memo Entries	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	Transaction ID : BD354FF1297BB4FF68E1

Full Name (Last, First, Middle Initial) C. ExxonMobile		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 9949 N Kendall Drive		Amount of Each Disbursement this Period 38.32
City Miami	State FL Zip Code 33176	
Purpose of Disbursement Travel Expense	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 002	Transaction ID : B9E37A7805AFE44E1A03

SUBTOTAL of Disbursements This Page (optional).....	1596.94
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 53 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Gogoair.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1250 N Arlington Heights Rd Ste 500		Amount of Each Disbursement this Period 24.85
City Itasca State IL Zip Code 60143-1216	Purpose of Disbursement Internet Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B78A5D67CF3B2426DB57
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 4300 Garden City Dr		Amount of Each Disbursement this Period 109.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Travel Expense Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : BC37DB8D595EB45D19D1
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 800 Market St		Amount of Each Disbursement this Period 15.39
City San Francisco State CA Zip Code 94102	Purpose of Disbursement Travel Expense Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : BB5BD8D5D7547440ABF7
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 54 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Blackberry		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 6700 Kroll Center Pkwy #200		Amount of Each Disbursement this Period 444.71
City Pleasanton State CA Zip Code 94566-7032	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B00CA4FBA163D44C5B97
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 2200 nw 72nd avenue		Amount of Each Disbursement this Period 6.45
City miami State FL Zip Code 33152	Purpose of Disbursement Postage Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : BB55E43E06578438E942
State: District:		

Full Name (Last, First, Middle Initial) c. DC Taxi		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 2235 Shannon Place SE		Amount of Each Disbursement this Period 32.25
City Washington State DC Zip Code 20020-5739	Purpose of Disbursement Travel Expense Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B2DB7EE6AD5154D41BB4
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 55 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Uva Wine Shop			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address 519 Fleming St			Amount of Each Disbursement this Period 269.69	
City Key West	State FL	Zip Code 33040-6824	<input checked="" type="checkbox"/> Memo Item Transaction ID : B347E1CE3DAF443958F3	
Purpose of Disbursement Event Catering		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. UPS Store			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address 8770 sw 72nd street			Amount of Each Disbursement this Period 128.40	
City Miami	State FL	Zip Code 33173-3512	<input checked="" type="checkbox"/> Memo Item Transaction ID : B69666F99E67E4C8C813	
Purpose of Disbursement Shipping		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Delicias De Espana			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address 4016 SW 57th Avenue			Amount of Each Disbursement this Period 37.32	
City Miami	State FL	Zip Code 33155-5318	<input checked="" type="checkbox"/> Memo Item Transaction ID : B541EAA7BF24C407E8D5	
Purpose of Disbursement Meeting Expense		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	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 56 OF 65
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 99801 Overseas Hwy		Amount of Each Disbursement this Period 38.78
City Key Largo	State FL	
Zip Code 33037-4374	Purpose of Disbursement Travel Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B2A4A2635B6F64A8E8D3
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 2535.51
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement See Memo Entries	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD7528EA5E7EC4062917
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 800 Market St		Amount of Each Disbursement this Period 14.34
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Travel Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B2509193EC5AC46E4B49
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2535.51
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 57 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Gogoair.com		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 1250 N Arlington Heights Rd Ste 500		Amount of Each Disbursement this Period 12.45
City Itasca State IL Zip Code 60143-1216	Purpose of Disbursement Internet Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B42F6DDF114D84AD8BA0
State: District:		

Full Name (Last, First, Middle Initial) B. UPS Store		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 8770 sw 72nd street		Amount of Each Disbursement this Period 17.80
City Miami State FL Zip Code 33173-3512	Purpose of Disbursement Shipping Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B90DC32C7A74645FB8BB
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 2200 nw 72nd avenue		Amount of Each Disbursement this Period 12.90
City miami State FL Zip Code 33152	Purpose of Disbursement Postage Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : BE1D99FE2886E43AEB60
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 58 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. 7-Eleven		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 9695 SW 88th St		Amount of Each Disbursement this Period 40.06
City Miami	State FL Zip Code 33176	
Purpose of Disbursement Travel Expense	<input type="checkbox"/> 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : BC89435AF0019445FA03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DC Taxi		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 2235 Shannon Place SE		Amount of Each Disbursement this Period 9.55
City Washington	State DC Zip Code 20020-5739	
Purpose of Disbursement Travel Expense	<input type="checkbox"/> 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B8AF1F4EFA08B4E7BB01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United Airlines, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 233 S Wacker Dr		Amount of Each Disbursement this Period 2219.00
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Airfare	<input type="checkbox"/> 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B20D838CCBDEC4FB2979
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	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 59 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Nicholas Recuset		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 15581 SW 150th St		Amount of Each Disbursement this Period 1019.00
City Miami	State FL	
Zip Code 33196-6211	Purpose of Disbursement See Memo Entries	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B4B5AEA3EB5D54A04A36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Publix		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 11495 Bird Rd		Amount of Each Disbursement this Period 59.53
City Miami	State FL	
Zip Code 33175	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B5741EA0AD76E4DB3946
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Fedex		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 2417 Ponce de Leon Blvd		Amount of Each Disbursement this Period 203.71
City Miami	State FL	
Zip Code 33134	Purpose of Disbursement Shipping	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : BA499F58AA8764684964
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1019.00
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 60 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Miami Dade Economic And Regulatory Resources		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 10201 Hammocks Blvd		Amount of Each Disbursement this Period 341.03
City Miami	State FL Zip Code 33196-4712	
Purpose of Disbursement Occupancy Permit	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BE16A12FECC544F6C988
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Citibank		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address PO Box 183037		Amount of Each Disbursement this Period 4548.02
City Columbus	State OH Zip Code 43218	
Purpose of Disbursement See Memo Entries	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B2CF33D9BA1CD433DAED
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Gogoair.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 1250 N Arlington Heights Rd Ste 500		Amount of Each Disbursement this Period 119.80
City Itasca	State IL Zip Code 60143-1216	
Purpose of Disbursement Internet	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BA256D01AE2784D0EA84
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4548.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Bullfeathers		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 410 1st St SE		Amount of Each Disbursement this Period 36.32
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Meeting Expense Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD4363DF09141428393F

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 3200 E Airfield Dr		Amount of Each Disbursement this Period 235.26
City DFW State TX Zip Code 75261	Purpose of Disbursement Airfare Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B773E6BD92F8E441AA06

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 2200 nw 72nd avenue		Amount of Each Disbursement this Period 45.15
City miami State FL Zip Code 33152	Purpose of Disbursement Postage Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BCF6B696769614C9988B

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 62 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. DC Taste		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 1600 Fitzgerald Lane		Amount of Each Disbursement this Period 2304.18
City Alexandria	State VA	Zip Code 22302-2004
Purpose of Disbursement Event Catering	Category/Type 001	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : BCCF5D6EE2CD64098BB1	

Full Name (Last, First, Middle Initial) B. ATT		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 100.00
City Carol Stream	State IL	Zip Code 60197
Purpose of Disbursement Telephone	Category/Type 001	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : B8107DDCA11974ABFA83	

Full Name (Last, First, Middle Initial) c. Fedex		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 2417 Ponce de Leon Blvd		Amount of Each Disbursement this Period 93.09
City Miami	State FL	Zip Code 33134
Purpose of Disbursement Shipping	Category/Type 004	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : BABD1F282F3CA43ECBA0	

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 63 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Sheraton		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 2001 S Roosevelt Blvd		Amount of Each Disbursement this Period 325.13
City Key West	State FL	
Zip Code 33040-5243	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD1F95C98296047EB96C
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 800 Market St		Amount of Each Disbursement this Period 155.24
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Travel Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BA0036E8926B7475CB33
State: District:		

Full Name (Last, First, Middle Initial) c. Avis Rent-A-Car		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 515 W 43rd St		Amount of Each Disbursement this Period 221.70
City New York City	State NY	
Zip Code 10036	Purpose of Disbursement Travel Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BCB3BC2BD584446EA98D
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 64 OF 65	
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. Miami Taxi		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 401 Biscayne Blvd		Amount of Each Disbursement this Period 88.44
City Miami	State FL Zip Code 33132-1924	
Purpose of Disbursement Travel Expense	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BF83CA4E7B3424959824
State: District:		

Full Name (Last, First, Middle Initial) B. Zachary Burr		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 6955 NW 72nd Ave Ste 204		Amount of Each Disbursement this Period 1166.66
City Miami	State FL Zip Code 33166	
Purpose of Disbursement See Memo Entries	Candidate Name	<input type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B9A11431BA4064B33BE5
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 3200 E Airfield Dr		Amount of Each Disbursement this Period 479.00
City DFW	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BFE289A52D3FD4F02B8B
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1166.66
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 65 OF 65			
	<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)
CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 2200 nw 72nd avenue		Amount of Each Disbursement this Period 81.32
City miami	State FL	
Purpose of Disbursement Postage	Zip Code 33152	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BAC4415996697400C8B7
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 800 Market St		Amount of Each Disbursement this Period 33.94
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Zip Code 94102	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B8BB78C8FC57849B6A2A
State: District:		

Full Name (Last, First, Middle Initial) c. Inn At Union League		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1450 Sansom St		Amount of Each Disbursement this Period 481.50
City Philadelphia	State PA	
Purpose of Disbursement Lodging	Zip Code 19102-3007	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B7052E63C39084E26A05
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	228087.82