

# 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

BRANDON PATTY FOR CONGRESS

ADDRESS (number and street) 2640A Mitcham Drive

Check if different than previously reported. (ACC)

Tallahassee

FL

32308

2. **FEC IDENTIFICATION NUMBER** ▼

C C00602839

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

FL

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Abby F Dupree

Signature of Treasurer Abby F Dupree

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BRANDON PATTY FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	107992.00	107992.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	107992.00	107992.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6049.16	6049.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6049.16	6049.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101942.84	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	696.46	

**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

**BRANDON PATTY FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	103150.00	103150.00
(ii) Unitemized.....	4592.00	4592.00
(iii) TOTAL of contributions from individuals ▶	107742.00	107742.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	107992.00	107992.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	107992.00	107992.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6049.16	6049.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6049.16	6049.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	107992.00
25. SUBTOTAL (add Line 23 and Line 24).....	107992.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6049.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101942.84

**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 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**James O Adamson**

Mailing Address 3305 Kelsey Ct

City State Zip Code  
New Windsor MD 21776

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

Name of Employer Occupation  
Fidelity Bank Mortgage Lender

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4337**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alecia Bailey**

Mailing Address 1200 Plantation Island Dr Ste 210

City State Zip Code  
St Augustine FL 32080

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

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

**Transaction ID : SA11AI.4377**

Amount of Each Receipt this Period  
2200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mark F Bailey**

Mailing Address 1200 Plantation Island Dr Ste 210

City State Zip Code  
St Augustine FL 32080

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

Name of Employer Occupation  
The Bailey Group Insurance/Financial Planning

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

**Transaction ID : SA11AI.4160**

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).....

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Anne Baker**

Mailing Address 200 W Forsyth St FL 7

City Jacksonville	State FL	Zip Code 32202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Anne Baker**

Mailing Address 200 W Forsyth St FL 7

City Jacksonville	State FL	Zip Code 32202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4395**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John D Baker II**

Mailing Address 200 W Forsyth St, 7th Floor

City Jacksonville	State FL	Zip Code 32202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Patriot Transportation Holding	Occupation Real Estate/Transportation
--	--

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John D Baker II**

Mailing Address 200 W Forsyth St, 7th Floor

City Jacksonville State FL Zip Code 32202

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

Name of Employer Patriot Transportation Holding Occupation Real Estate/Transportation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **03 / 31 / 2016**

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period **2700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thompson S Baker II**

Mailing Address 503 Ponte Vedra Blvd

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer Patriot Transportation Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2016**

**Transaction ID : SA11AI.4351**

Amount of Each Receipt this Period **1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jason Barrett**

Mailing Address 24432 Harbour View Drive

City Ponte Vedra State FL Zip Code 32082

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

Name of Employer Flagler Hospital Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 08 / 2016**

**Transaction ID : SA11AI.4169**

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).....

**3950.00**

**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 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rachael L Bennett**

Mailing Address 920 Saltwater Cir

City St Augustine State FL Zip Code 32080

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

Name of Employer Board of County Commissioners Occupation County Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4323**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thomas E Bishop**

Mailing Address 1 Independent Dr Suite 1700

City Jacksonville State FL Zip Code 32202

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

Name of Employer Tanner Bishop Attorneys Occupation Attorney

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  
**03 / 31 / 2016**

**Transaction ID : SA11AI.4347**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jean Y Boutwell**

Mailing Address 3431 Cedar Lane Dr

City Tallahassee State FL Zip Code 32312

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

Name of Employer Self-Employed Occupation Private Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 14 / 2016**

**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

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

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

**2300.00**



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

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

FOR LINE NUMBER: PAGE 9 OF 41  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Y Boutwell**

Mailing Address 3431 Cedar Lane Dr

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Self-Employed Private Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
 1200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Boutwell**

Mailing Address 1175 Peachtree Street #1475

City State Zip Code  
Atlanta GA 30361

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

Name of Employer Occupation  
NewBridge Group Private Equity

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 25 2016

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**W. Ken Boutwell Jr.**

Mailing Address 3431 Cedar Lane Dr

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Vineyard Capital Partners Investment Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 14 2016

**Transaction ID : SA11AI.4098**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 10 OF 41  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**W. Ken Boutwell Jr.**

Mailing Address 3431 Cedar Lane Dr

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Vineyard Capital Partners Investment Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

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

**Transaction ID : SA11AI.4416**

Amount of Each Receipt this Period  
600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**W. Ken Boutwell Jr.**

Mailing Address 3431 Cedar Lane Dr

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Vineyard Capital Partners Investment Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3300.00

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

**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period  
1200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ernesto Carames**

Mailing Address 200 Heritage Ct

City State Zip Code  
St Augustine FL 32080

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

Name of Employer Occupation  
Flagler Hospital Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4317**

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).....

2050.00

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

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

FOR LINE NUMBER: PAGE 11 OF 41  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Roger D Carter Jr**

Mailing Address 367 Porta Rosa Cir

City State Zip Code  
St Augustine FL 32092

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

Name of Employer Occupation  
Flagler Hospital CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4343**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bud Clements**

Mailing Address 332 Chinquapin Drive SW

City State Zip Code  
Marietta GA 30064

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4369**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Earl W Colvard**

Mailing Address 2220 Oak Hill Dr

City State Zip Code  
Deland FL 32720

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

Name of Employer Occupation  
Boulevard Tire Center Tire Shop President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4331**

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).....

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Cox**

Mailing Address 157 King Street

City St Augustine State FL Zip Code 32084

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

Name of Employer San Sebastian Winery Occupation Winery Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : SA11AI.4409**

Amount of Each Receipt this Period  
500.00

Memo Item  
In-kind - Event Food and Beverage

**B.** Full Name (Last, First, Middle Initial)  
**Isaac Henry Dean**

Mailing Address 224 N Forest Dune Dr

City St Augustine State FL Zip Code 32080

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

Name of Employer Henry Dean & Associates, LLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4349**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**James Demetree**

Mailing Address 6671 Epping Forest Way N

City Jacksonville State FL Zip Code 32217

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

Name of Employer Demetree Brothers, Inc. Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11AI.4224**

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).....

3450.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 41

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Dolbow**

Mailing Address 2630 Lime Tree Dr

City Edgewater State FL Zip Code 32141

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

Name of Employer Norwood's Restaurant Occupation Restaurant Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Doyle**

Mailing Address 10739 Orchard Walk PI W

City Jacksonville State FL Zip Code 32257

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

Name of Employer Wexford Strategies Occupation Government Relations Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4121**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Doyle**

Mailing Address 10739 Orchard Walk PI W

City Jacksonville State FL Zip Code 32257

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

Name of Employer Wexford Strategies Occupation Government Relations Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

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

**Transaction ID : SA11AI.4244**

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).....

**1250.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 41  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Aubrey Edge**

Mailing Address 3626 Richmond Street

City Jacksonville State FL Zip Code 32205

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

Name of Employer Occupation  
Petro Services, Inc. Oil & Gas Company Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4251**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Aubrey Edge**

Mailing Address 3626 Richmond Street

City Jacksonville State FL Zip Code 32205

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

Name of Employer Occupation  
Petro Services, Inc. Oil & Gas Company Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

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

**Transaction ID : SA11AI.4259**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Edge**

Mailing Address 3626 Richmond Street

City Jacksonville State FL Zip Code 32205

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4253**

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).....

8100.00

**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 15 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Edge</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 3626 Richmond Street		<b>Transaction ID : SA11AI.4260</b>	
City Jacksonville	State FL	Zip Code 32205	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 2700.00	
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		

Full Name (Last, First, Middle Initial) <b>B. Kimberly Fallin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2016	
Mailing Address PO Box 70583		<b>Transaction ID : SA11AI.4133</b>	
City Washington	State WA	Zip Code 20024	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 250.00	
Name of Employer Capitol Realty Group	Occupation Real Estate Broker	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Jerome Fletcher</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 141 Harbourmaster Ct		<b>Transaction ID : SA11AI.4242</b>	
City Ponte Vedra Beach	State FL	Zip Code 32082	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Fletcher Management Co.	Occupation Real Estate Management	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3450.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Z Fletcher**

Mailing Address 1548 The Greens Way Ste 4

City Jacksonville State FL Zip Code 32250

FEC ID number of contributing federal political committee.

Name of Employer Fletcher Management Company Occupation Real Estate Development Co Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4379**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Clinton Fuhrman**

Mailing Address 1011 1st Street SE #1201

City Washington State WA Zip Code 20003

FEC ID number of contributing federal political committee.

Name of Employer Maximus, Inc. Occupation Health Services Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4228**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 136 E Bay St Ste 300

City Jacksonville State FL Zip Code 32202

FEC ID number of contributing federal political committee.

Name of Employer W.C. Gentry Law Office Occupation Personal Injury Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period

Memo Item

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Joseph S Gordy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 25 Cincinnati Ave		<b>Transaction ID : SA11AI.4345</b>	
City St Augustine	State FL	Zip Code 32084	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 2000.00	
Name of Employer Flagler Hospital		Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Chauncey Goss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2016	
Mailing Address PO Box 1139		<b>Transaction ID : SA11AI.4196</b>	
City Sanibel	State FL	Zip Code 33957	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer Self-Employed		Occupation Fiscal Policy Analyst	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Henry F Green</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address PO Box 1568		<b>Transaction ID : SA11AI.4438</b>	
City St Augustine	State FL	Zip Code 32085	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Green Family Investments LP		Occupation Investment Company Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Preston H Haskell**

Mailing Address 111 Riverside Ave

City Jacksonville State FL Zip Code 32202

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

Name of Employer Haskell Occupation Construction Company Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4357**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Vivian Helwig**

Mailing Address 3974 Cocoplum Cir

City Coconut Creek State FL Zip Code 33063

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

Name of Employer Vested Metals International Occupation Metal Supply Company Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4341**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Charles H Hood**

Mailing Address 10014 Vineyard Lake Rd E

City Jacksonville State FL Zip Code 32256

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

Name of Employer Rayonier Inc Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4428**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David W Hutson**

Mailing Address 111 Nature Walk Pkwy Unit 102

City St Augustine	State FL	Zip Code 32092
----------------------	-------------	-------------------

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

Name of Employer The Hutson Companies	Occupation Real Estate Developer
--	-------------------------------------

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  
 02 / 17 / 2016

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Trevor S Hutson**

Mailing Address 7440 County Road 305

City Elkton	State FL	Zip Code 32033
----------------	-------------	-------------------

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

Name of Employer Brigham Property Rights Law	Occupation Attorney
---	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4319**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joe Jacquot**

Mailing Address 3954 Alcazar Ave

City Jacksonville	State FL	Zip Code 32207
----------------------	-------------	-------------------

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

Name of Employer Foley and Lardner	Occupation Lawyer
---------------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4200**

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).....

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Jenson**

Mailing Address 24309 Clubhouse Lane

City State Zip Code  
Wister OK 74966

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

Name of Employer Occupation  
Retired Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Billie Jo Kaler**

Mailing Address 261 Melrose Ave

City State Zip Code  
Ormond Beach FL 32174

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

Name of Employer Occupation  
Realty Pro Title, LLC Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Courtney Lassetter**

Mailing Address 4048 Lonicero Loop

City State Zip Code  
Jacksonville FL 32259

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

Name of Employer Occupation  
Self Employed Photographer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2016

**Transaction ID : SA11AI.4123**

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).....

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 21 OF 41  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Miguel A Machado**

Mailing Address 1769 N Loop Pkwy

City State Zip Code  
St Augustine FL 32095

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

Name of Employer Occupation  
Neurosurgical Associates Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4397**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Darron Makrokanis**

Mailing Address 24886 Quimby Oaks Place

City State Zip Code  
Aldie VA 20105

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

Name of Employer Occupation  
Tenable Network Security Vice President of Federal Division

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2016

**Transaction ID : SA11AI.4191**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Terri R McGehee**

Mailing Address 6222 San Jose Blvd W

City State Zip Code  
Jacksonville FL 32217

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4355**

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).....

3950.00

**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 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas McGehee Jr**

Mailing Address 6222 San Jose Blvd W

City Jacksonville State FL Zip Code 32217

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

Name of Employer Mac Papers Occupation Distribution Service Company EVP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4353**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John G Metcalf**

Mailing Address 1104 Mill Creek Dr

City Jacksonville State FL Zip Code 32259

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

Name of Employer The Hutson Companies Occupation Real Estate Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4363**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John D. Milton Jr**

Mailing Address 9313 Greenfield Farm

City Scottsville State VA Zip Code 24590

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

Name of Employer Patriot Transportation Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4359**

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).....

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Cheryl Joy Miner**

Mailing Address 1371 Prince Rd

City St Augustine State FL Zip Code 32086

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

Name of Employer Cheryl Joy Miner, LLC Occupation Photographer

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  
**03 / 31 / 2016**

**Transaction ID : SA11AI.4432**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John H Morris Jr**

Mailing Address 106 Muirfield Dr

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer St. Johns County Board Occupation County Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4365**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Myers**

Mailing Address 1018 Norfolk Ave

City Virginia Beach State VA Zip Code 23451

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

Name of Employer USN Occupation Analyst

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  
**01 / 24 / 2016**

**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

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

Mailing Address 2350 Phillips Rd #6106

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

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

Name of Employer Eye Associates of Tallahassee	Occupation Licensed Optician
---	---------------------------------

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  
 01 / 25 / 2016

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Todd D Neville**

Mailing Address 167 Sunset Circle North

City St Augustine	State FL	Zip Code 32085
----------------------	-------------	-------------------

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

Name of Employer Neville Breidenstein Wainio	Occupation CPA
---	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

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

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
1250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jimmy L Patty**

Mailing Address 3643 Uncle Glover Road

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

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

Name of Employer Frito-Lay	Occupation Account Sales Manager
-------------------------------	-------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4436**

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).....

4200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Herb Peyton**

Mailing Address 9540 San Jose Blvd

City Jacksonville State FL Zip Code 32257

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

Name of Employer Gate Petroleum Company Occupation Oil Company Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Blake Phillips**

Mailing Address 1104 Jonquil Cir

City Great Falls State VA Zip Code 22066

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

Name of Employer Ansible Government Solutions Occupation Consulting Services Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Timothy W Phillips**

Mailing Address 3701 Olson Drive

City Daytona Beach State FL Zip Code 32124

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

Name of Employer Self-Employed Occupation Heavy Highway Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4220**

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).....

**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 26 OF 41  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Fitzhugh Powell Jr**

Mailing Address PO Box 41490

City Jacksonville State FL Zip Code 32203

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

Name of Employer Cecil W. Powell & Co Occupation Insurance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

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

**Transaction ID : SA11AI.4249**

Amount of Each Receipt this Period  
**750.00**

Memo Item

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

Mailing Address 1401 R Street NW Unit 307

City Washington State WA Zip Code 20009

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

Name of Employer Clark Hill Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4135**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 1401 R Street NW Unit 307

City Washington State WA Zip Code 20009

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

Name of Employer Clark Hill Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2016**

**Transaction ID : SA11AI.4178**

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).....

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Hampton Ray**

Mailing Address 4346 Springmoor Drive E

City Jacksonville	State FL	Zip Code 32225
----------------------	-------------	-------------------

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

Name of Employer Total Military Management	Occupation Coordinator of Carrier and DPS Affairs
---	--

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  
 02 / 09 / 2016

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ben A Reep**

Mailing Address 172 Sunset Cir N

City St Augustine	State FL	Zip Code 32080
----------------------	-------------	-------------------

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

Name of Employer Edward Jones	Occupation Financial Consultant
----------------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4315**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Peter S Rummell**

Mailing Address 2538 River Road

City Jacksonville	State FL	Zip Code 32207
----------------------	-------------	-------------------

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

Name of Employer Haskell	Occupation Construction Company Director
-----------------------------	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4361**

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).....

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph C Saviak**

Mailing Address 94 Dolphin Drive

City St Augustine State FL Zip Code 32080

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

Name of Employer Flagler College Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4313**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alice Scanlon**

Mailing Address 837 Ponte Vedra Blvd

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4328**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Alice Scanlon**

Mailing Address 837 Ponte Vedra Blvd

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

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

**Transaction ID : SA11AI.4330**

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).....

5650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Henry R Scanlon**

Mailing Address 837 Ponte Vedra Blvd

City State Zip Code  
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4325**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Henry R Scanlon**

Mailing Address 837 Ponte Vedra Blvd

City State Zip Code  
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

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

**Transaction ID : SA11AI.4327**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert T Shircliff**

Mailing Address 2358 Riverside Ave #1202

City State Zip Code  
Jacksonville FL 32204

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

Name of Employer Occupation  
N/A Self-Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4222**

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).....

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert T Shircliff**

Mailing Address 2358 Riverside Ave #1202

City Jacksonville State FL Zip Code 32204

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

Name of Employer N/A Occupation Self-Employed

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  
**03 / 31 / 2016**

**Transaction ID : SA11AI.4375**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address 7 Hawaiian Blvd

City St Augustine State FL Zip Code 32080

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

Name of Employer St. Johns County Sheriff's Occupation Sheriff

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4321**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Siegle**

Mailing Address 405 N Ocean Blvd Apt 1718

City Pompano Beach State FL Zip Code 33062

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

Name of Employer Citigroup Occupation Senior Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2016**

**Transaction ID : SA11AI.4226**

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).....

**3450.00**

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

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

FOR LINE NUMBER: PAGE 31 OF 41  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brooke P Stein**

Mailing Address 1 Independent Drive Ste 114

City Jacksonville State FL Zip Code 32202

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Martin E Stein Jr**

Mailing Address 1 Independent Drive Ste 114

City Jacksonville State FL Zip Code 32202

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

Name of Employer Regency Centers Occupation Real Estate Company 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  
 03 / 31 / 2016

**Transaction ID : SA11AI.4381**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Thomas F. P. Sullivan**

Mailing Address 905 Ponte Vedra Blvd

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4205**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Keith Urbahn**

Mailing Address 319 Kentucky Ave

City Alexandria State VA Zip Code 22305

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

Name of Employer Javelin Occupation Public Relations Agency Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4232**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William Walton**

Mailing Address One Independent Dr Suite 1600

City Jacksonville State FL Zip Code 32202

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

Name of Employer WHW Investment Management, LLC Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Charles E Ward**

Mailing Address 10 Lee Dr

City St Augustine State FL Zip Code 32086

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

Name of Employer Ward Medical Services Occupation Medical Supply Store Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4434**

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).....

3450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<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)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Bobby Whiddon**

Mailing Address 629 Gov Nicholls St

City State Zip Code  
New Orleans LA 70116

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4240**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mark Winter**

Mailing Address PO Box 118

City State Zip Code  
South Freeport ME 04078

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

Name of Employer Occupation  
United States Navy Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2016

**Transaction ID : SA11AI.4174**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jay Zelaya**

Mailing Address PO Box 7433

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Occupation  
Zelaya Properties LLC Real Estate Company Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4367**

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).....

3500.00

103150.00

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

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

FOR LINE NUMBER: PAGE 34 OF 41  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MCDONALD HOPKINS LLC PAC**

Mailing Address 600 SUPERIOR AVENUE  
SUITE 2100

City CLEVELAND State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00394460

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11C.4414**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

250.00

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 41	
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carroll and Company, CPA's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 2640-A Mitcham Drive		Amount of Each Disbursement this Period 725.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4180</b>
City Tallahassee	State FL Zip Code 32308	
Purpose of Disbursement Accounting Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cheryl Joy Miner, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 1371 prince rd		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4105</b>
City St Augustine	State FL Zip Code 32086	
Purpose of Disbursement Campaign Photos	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Clark Hill PLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address PO Box 3760		Amount of Each Disbursement this Period 682.76 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4113</b>
City Pittsburgh	State PA Zip Code 15230	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1707.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 41	
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Clark Hill PLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address PO Box 3760			Amount of Each Disbursement this Period 191.25	
City Pittsburgh	State PA	Zip Code 15230	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Legal Services		Category/Type	Transaction ID : <b>SB17.4182</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Charles Cox</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016	
Mailing Address 157 King Street			Amount of Each Disbursement this Period 500.00	
City St Augustine	State FL	Zip Code 32084	Memo Item <input type="checkbox"/>	
Purpose of Disbursement In-kind - Event Food and Beverage		Category/Type	Transaction ID : <b>SB17.4411</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Cox Digital Arts</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address 3959 Van Dyke Rd #133			Amount of Each Disbursement this Period 700.00	
City Lutz	State FL	Zip Code 33548	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Design Services		Category/Type	Transaction ID : <b>SB17.4102</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1391.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 41	
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cox Digital Arts</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 3959 Van Dyke Rd #133		Amount of Each Disbursement this Period 260.00
City Lutz	State FL Zip Code 33548	
Purpose of Disbursement Website Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4104</b>

Full Name (Last, First, Middle Initial) <b>B. Donate Bucket</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period 208.20
City Pembroke Pines	State FL Zip Code 33024	
Purpose of Disbursement Service Charge	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	<b>Transaction ID : SB17.4143</b>

Full Name (Last, First, Middle Initial) <b>c. Donate Bucket</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period 12.60
City Pembroke Pines	State FL Zip Code 33024	
Purpose of Disbursement Service Charge	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	<b>Transaction ID : SB17.4149</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	480.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 41			
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Donate Bucket</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>02 / 22 / 2016</td> <td></td> <td></td> <td></td> </tr> </table>		M M / D D / Y Y Y Y				02 / 22 / 2016					
M M / D D / Y Y Y Y													
02 / 22 / 2016													
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Pembroke Pines</td> <td>FL</td> <td>33024</td> </tr> </table>		City	State	Zip Code	Pembroke Pines	FL	33024	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> <td></td> </tr> <tr> <td>5.10</td> <td></td> </tr> </table>		Amount of Each Disbursement this Period		5.10	
City	State	Zip Code											
Pembroke Pines	FL	33024											
Amount of Each Disbursement this Period													
5.10													
Purpose of Disbursement Service Charge		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : <b>SB17.4164</b>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Donate Bucket</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>03 / 08 / 2016</td> <td></td> <td></td> <td></td> </tr> </table>		M M / D D / Y Y Y Y				03 / 08 / 2016					
M M / D D / Y Y Y Y													
03 / 08 / 2016													
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Pembroke Pines</td> <td>FL</td> <td>33024</td> </tr> </table>		City	State	Zip Code	Pembroke Pines	FL	33024	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> <td></td> </tr> <tr> <td>19.05</td> <td></td> </tr> </table>		Amount of Each Disbursement this Period		19.05	
City	State	Zip Code											
Pembroke Pines	FL	33024											
Amount of Each Disbursement this Period													
19.05													
Purpose of Disbursement Service Charge		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : <b>SB17.4171</b>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Donate Bucket</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>03 / 17 / 2016</td> <td></td> <td></td> <td></td> </tr> </table>		M M / D D / Y Y Y Y				03 / 17 / 2016					
M M / D D / Y Y Y Y													
03 / 17 / 2016													
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Pembroke Pines</td> <td>FL</td> <td>33024</td> </tr> </table>		City	State	Zip Code	Pembroke Pines	FL	33024	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> <td></td> </tr> <tr> <td>47.90</td> <td></td> </tr> </table>		Amount of Each Disbursement this Period		47.90	
City	State	Zip Code											
Pembroke Pines	FL	33024											
Amount of Each Disbursement this Period													
47.90													
Purpose of Disbursement Service Charge		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : <b>SB17.4179</b>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 41	
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Donate Bucket</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period 21.00
City Pembroke Pines	State FL	
Zip Code 33024	Purpose of Disbursement Service Charge	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4193</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Donate Bucket</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period 90.50
City Pembroke Pines	State FL	
Zip Code 33024	Purpose of Disbursement Service Charge	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4204</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Donate Bucket</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1779 N University Drive Suite 102		Amount of Each Disbursement this Period 1027.55
City Pembroke Pines	State FL	
Zip Code 33024	Purpose of Disbursement Service Charge	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4264</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1139.05
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 41	
	<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)  
**BRANDON PATTY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. webElect.net LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 1256 Vinetree Drive		Amount of Each Disbursement this Period 1010.00
City Brandon	State FL	
Zip Code 33510	Purpose of Disbursement Database Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4145</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1010.00
<b>TOTAL</b> This Period (last page this line number only).....	5800.91



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**BRANDON PATTY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Carroll and Company, CPA's</b>		Nature of Debt (Purpose): Accounting Services
Mailing Address 2640-A Mitcham Drive		
City	State	Zip Code
Tallahassee	FL	32308

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4422</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
696.46	0.00	696.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	696.46
2) <b>TOTALS</b> This Period (last page this line number only) .....	696.46
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	696.46