PAGE 1 / 8

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	er Than An Aut	horized Com	mittee		Office Use Only	
NAME OF COMMITTEE (in full)	_	PRINT ▼	Example: If over the lin	typing, type es.	12FE4M	15	
NORTH FLORIDA	A NEIGHBO	RS	1 1 1 1 1				
	PO BO	X 1034					
ADDRESS (number and str ▼	reet)						
Check if differenthan previously reported. (ACC)		HASSEE			FL	32302	-
2. FEC IDENTIFICATION	ON NUMBER	CIT	Y 🛦		STATE ▲	ZIP C	ODE ▲
C C00582312			S THIS REPORT	NEW (N) OR	Al (A	MENDED)	
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	Re Di	eport ue On: Mar	20 (M2) 20 (M3) 20 (M4)	May 20 (M5 Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31	eport (Q2)	12-Day PRE-Election Report for the:	Primary	tion (12C)	General		Runoff (12R)
Year-End Re July 31 Mid- Report (Non Year Only) (Termination (TER)	Year -election MY) (d)	30-Day POST-Election Report for the:	Genera	(30G)	Runoff (State 30R) in the State	Special (30S)
5. Covering Period		01 2017	throu	ngh 06	/ 30	2017]
I certify that I have exam Type or Print Name of Tr	Dupre	and to the best of e, Abby, , ,	my knowledge	and belief it is t	rue, correct an	d complete.	
Signature of Treasurer	Dupree, Abby, , ,		[Electro	nically Filed]	Date 07	7 21 /	2017
NOTE: Submission of false	, erroneous, or ir	ncomplete information	n may subject the	person signing	this Report to t	he penalties of 5	62 U.S.C. § 30109
Office Use Only						FEC FO	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016)							
Write	or Type Committee Name		Page 2				
	RTH FLORIDA NEIGHBORS						
	rt Covering the Period: From:	01	To: 06 30 / Y Y Y Y Y				
		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
. (a)	Cash on Hand January 1, 2017		9395.11				
(b)	Cash on Hand at Beginning of Reporting Period	9395.11					
(c)	Total Receipts (from Line 19)	11000.00	11000.00				
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20395.11	20395.11				
. To	tal Disbursements (from Line 31)	1888.30	1888.30				
Re	sh on Hand at Close of porting Period ubtract Line 7 from Line 6(d))	18506.81	18506.81				
the	bts and Obligations Owed TO c Committee (Itemize all on hedule C and/or Schedule D)	0.00					
the	ebts and Obligations Owed BY e Committee (Itemize all on hedule C and/or Schedule D)	2000.00					
	This committee has qualified as a multion	candidate committee. (see FEC FORM 1M)					
		For further information contact:					
		Federal Election Commission 999 E Street, NW Washington, DC 20463					

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NORTH FLORIDA NEIGHBORS

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	Total Time I dilea	Guisinai Tour to Buto
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	11000.00	11000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		44000.00
Lines 11(a)(i) and (ii)▶	11000.00	11000.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	11000.00	11000.00
Totals to Line 33, page 5) Transfers From Affiliated/Other	4 4	4 4
Party Committees	0.00	0.00
Tarty Committees	0.00	4 4
All Loans Received	0.00	0.00
7.11 254.10 1 1055.1764	4 4	4 4
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	0.00	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	4 4	4 1 4 1 4 1 4
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	11000.00	11000.00
	1100.00	11300.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	11000.00	11000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	4 4	4 4 4
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	4000.00	1000 20
	Expenditures(c) Total Operating Expenditures	1888.30	1888.30
	(add 21(a)(i), (a)(ii), and (b))▶	1888.30	1888.30
	Transfers to Affiliated/Other Party	4 4 4	7 7 7
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	
5.	(use Schedule E)	0.00	0.00
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
	·		0.00
6.	Loan Repayments Made	0.00	0.00
,	Loans Made	0.00	0.00
3.	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		7 7 7	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
	•	4 4	4 4
	Other Disbursements (Including		
	Non-Federal Donations)	0.00	0.00
	Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
	(i) Federal Share	0.00	0.00
	(ii) III ovinil Chara		
	(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
	Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	3.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1888.30	1888.30
•	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1888.30	1000 20
		1000.00	1888.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11000.00	11000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11000.00	11000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1888.30	1888.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1888.30	1888.30

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	6	OF	8		
(check only one)										
		X	11a		11b		11c	12		
			13		14		15	16	;	17

	commercial purposes, other than using the na			
\	ME OF COMMITTEE (In Full) ORTH FLORIDA NEIGHBORS			
A. <u>In</u>	I Name of Individual (Last, First, Middle Initial tegrated Independent Physicians Networ illing Address 1101 N Lake Destiny Dr Ste 300	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	/ aitland	Transaction ID : SA11AI.4405 Amount of Each Receipt this Period		
FE(C ID number of contributing eral political committee. me of Employer (for Individual)	1000.00 Memo Item		
	point For:	Aggregate Ye	ar-to-Date ▼	Wellio Relli
в. <u>М</u>	Name of Individual (Last, First, Middle Initial ontgomerie, James, , , illing Address 4320 Breakwater Dr) or Full Orga	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FE	stin C ID number of contributing	State FL	Zip Code 32541	Transaction ID : SA11AI.4407 Amount of Each Receipt this Period 5000.00
Na Ver	me of Employer (for Individual) tol Systems Company Inc.		ation (for Individual)	Memo Item
Red	ceipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 5000.00	
	Name of Individual (Last, First, Middle Initial ertol Systems Company Inc) or Full Orga	anization Name	Date of Receipt
Mai	iling Address 25-6 NW 23rd Place 261			03 14 2017
City	/ ortland	State OR	Zip Code 97210	Transaction ID : SA11AI.4402 Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		5000.00
Nar	me of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Red	ceipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 5000.00	
SUB	FOTAL of Receipts This Page (optional)			11000.00
TOTA	AL This Period (last page this line number on	y)	>	11000.00

S 17

Any information copied from such Reports and Statements may reper to recommend purposes, other than using the name and address of any political committee to solidit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliditing contributions or for commendating purposes, other than using the name and address of any political committee to solidit contributions from such committee. NAME OF COMMITTEE (in Full) NORTH FLORIDA NEIGHBORS Full Name (Last, First, Middle Initial) A. Carroll and Company CPAs Mailing Address 2640-A Mitcham Drive City State Zip Code FL 32308 FEC Identification Number Category/ Type Office Sought: House Disbursement For: Category/ Type Full Name (Last, First, Middle Initial) B. Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City State: Disbursement Logal Services Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Service of Disbursement this Peniod Office Sought: House Disbursement For: Service of Disbursement Logal Services Candidate Name City State: Disbursement Category/ Type Office Sought: House Disbursement For: Service (specify) Memorited fach Disbursement Category/ Type Office Sought: House Disbursement For: Service (specify) Memorited fach Disbursement this Peniod Office Sought: House Disbursement For: Service (specify) Memorited fach Disbursement this Peniod Office Sought: House Disbursement For: Service (specify) Memorited fach Disbursement this Peniod Office Sought: House Disbursement For: Memorited fach Disbursement this Peniod Office Sought: House Disbursement For: Memorited fach Disbursement this Peniod Office Sought: House Disbursement For: Memorited factor Disbursement this Peniod Office Sought: House Disbursement For: Memorited factor Disbursement This Peniod Office Sought: House Disbursement For: Memorited factor Disbursement This Peniod Office Sought: House Disbursement For: Memorited factor Disbursement This Peniod	SCHEDULE B (FEC Form 3X)	11.		FOR LINE NUMBER: PAGE 7 OF				
Detailed Summary Page 28 28 28 20 20 300 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of rot commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NORTH FLORIDA NEIGHBORS Full Name (Last, First, Middle Initiat) A. Carroll and Company CPAS Mailing Address 2640-A Mitcham Drive City Mailing Address 2640-A Mitcham Drive City Mailing Address 601 Pennsylvania Ave NW Ste. 1000 District Full Name (Last, First, Middle Initiat) B. Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Mailing Address 601 Pennsylvania Ave NW Ste. 1000 Furpose of Disbursement Category Types Category Types Category Types Category Types FEC Identification Number Category Types Firmacy General District Full Name (Last, First, Middle Initiat) C. Mailing Address City State District Full Name (Last, First, Middle Initiat) C. Mailing Address City State District Full Name (Last, First, Middle Initiat) C. Mailing Address City State District Full Name (Last, First, Middle Initiat) C. Mailing Address City State District Full Name (Last, First, Middle Initiat) C. Mailing Address City State District Full Name (Last, First, Middle Initiat) C. Category Types Firmacy General District Memo Item Firmacy General District Memo Item Firmacy General District Memo Item Firmacy General District Full Name (Last, First, Middle Initiat) C. Amount of Each Disbursement Ins Period District Memo Item Firmacy General District Firmacy General District Memo Item Firmacy General District Firmacy General Distr	ITEMIZED DISBURSEMENTS			I '	(check only one)			
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 sny political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of sny political committee to solicit contributions from such committee. NAME: OF COMMITTEE (in Full) NORTH FLORIDA NEIGHBORS Full Name (Last, First, Middel Initial) A. Carroll and Company CPAs Mailing Address 2640-A Mitcham Drive City Tallahoasee Purpose of Disbursement Accounting Services Candidate Name Office Sought: House Disbursement For: Transaction 10: S8218.415 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction 10: S8218.416 Amount of Each Disbursement Distorement For: Transaction Number								
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 Pull) NORTH FLORIDA NEIGHBORS Full Namo (Last, First, Midde Initial) A. Carroll and Company CPAs Mailing Address 2649-A Mitcham Drive City City City State Purpose of Disbursement Accounting Services Cardidate Name Office Sought: Full Name (Last, First, Midde Initial) B. Clark Hill PLC Mailing Address Cardidate Name Office Sought: Full Name (Last, First, Midde Initial) City Washington Disbursement For: City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City Washington Office Sought: Full Name (Last, First, Midde Initial) City State Disbursement For: Uname (Last, First, Midde Initial) City State Disbursement For: Category/ Type Office Sought: Fec Identification Number Category/ Type Fec Identification Number Category/ Type Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon Item Fec Identification Number Category/ Type Office Sought: Mamon It	Any information copied from such Reports and State	ements may	not be sold or use					
NORTH FLORIDA NEIGHBORS Full Name (Last, First, Middle Initial) City State Zip Code Tallahassee FL 32308 Purpose of Disbursement Accounting Services Candidate Name Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Washington Disbursement Legal Services Candidate Name Disbursement Disbursement For: Condidate Name Disbursement Dis								
Full Name (Last, First, Middle Initial) A. Carroll and Company CPAs Mailing Address 2640-A Mitcham Drive City Talahassee Purpose of Disbursement Accounting Services Candidate Name Office Sought: House Disbursement Primary General Pr								
A. Carroll and Company CPAs Mailing Address 2640-A Mitcham Drive City	$ \rangle$ NORTH FLORIDA NEIGHBORS							
A. Carroll and Company CPAs Mailing Address 2640-A Mitcham Drive City Tallahassee Purpose of Disbursement Accounting Services Candidate Name Office Sought: Name (Last, First, Middle Initial) State: Disbursement	Full Name (Last, First, Middle Initial)							
Mailing Address 2640-A Mitcham Drive City	-	Date of I	M M / D D / Y Y Y Y					
City Tallahassee Purpose of Disbursement Accounting Services Candidate Name Office Sought:		MIM						
Tallahassee FL 32308 Purpose of Disbursement Accounting Services Category Toffice Sought: House Primary General Disbursement Purpose of Disbursement President Disbursement President Disbursement President Disbursement President Disbursement Purpose of Disbursement President Disbursement Purpose of Disbursement Purpos	Mailing Address 2640-A Mitcham Drive				02	Ül		2017
Tallahassee	City				FFC Ider	ntification	Number	
Accounting Services Candidate Name Category/ Office Sought: House Disbursement For: Type T50.00 State: District: District: Disbursement For: Type T50.00 Full Name (Last, First, Middle Initial) B. Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Washington Disbursement		FL	32308			-		-
Cardidate Name Office Sought: House Senate Primary General General Primary General Primary General Primary General Primary General Primary General Primary General General Primary General Primary General Ge	Accounting Services							
Office Sought: House Disbursement For: Senate President Other (specify) ▼ Memo Item State: District: Full Name (Last, First, Middle Initial)	Candidate Name			Catagory			_	-
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Washington DC 20004 Purpose of Disbursement Legal Services Candidate Name Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Primary General Other (specify) Mailing Address City State Zip Code Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Memory General Primary Gener					Amount	n Lacii b	nobul oci ile	
State: District: District		_			750.00			
State: District: Full Name (Last, First, Middle Initial) B. Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Washington Purpose of Disbursement Legal Services Candidate Name Disbursement For: President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Senate President Category/ Type Disbursement For: Senate Primary General Other (specify) Date of Disbursement FEC Identification Number Category/ Type Disbursement this Period Date of Disbursement Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement Date of Disbursement Category/ Type Category/ Type Office Sought: House Purpose of Disbursement Candidate Name Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Senate Primary General Other (specify) Memo Item Memo Item Amount of Each Disbursement this Period Memo Item Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Memo Item								
B. Clark Hill PLC Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City		_ culoi (opt	56y) \		Mem	o Item		
Mailling Address 601 Pennsylvania Ave NW Ste. 1000 City Washington Purpose of Disbursement Legal Services Candidate Name Office Sought: House	Full Name (Last, First, Middle Initial)							
Mailing Address 601 Pennsylvania Ave NW Ste. 1000 City Washington Purpose of Disbursement Legal Services Candidate Name Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Disbursement For: Senate Primary General Other (specify) Date of Disbursement Category/ Type FEC Identification Number Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Type Memo Item Subsursement this Period Memo Item Subsursements This Page (optional)	B. Clark Hill PLC							
City Washington Purpose of Disbursement Legal Services Candidate Name Category/ Type Disbursement For: Senate Prisident State: District: FEC Identification Number Category/ Type Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Merno Item Date of Disbursement Category/ Type Test Identification Number Category/ Type Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement this Period Transaction ID : SB21B.4416 Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item SUBTOTAL of Disbursements This Page (optional)	Mailing Address 601 Pannsylvania Ave NW Ste	1000			1			
Washington Purpose of Disbursement Legal Services Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General President State: District: Date of Disbursement Primary Category/ Type Date of Disbursement Category/ Type Disbursement Categor	maining real cost of the fill sylvalia Ave two Ste.	1000			90	00		2017
Purpose of Disbursement Legal Services Candidate Name Category/ Type Office Sought: House Senate Primary General District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substock Substock Substock Substock Amount of Each Disbursement his Period Memo Item Substock Memo Item Substock Substock Substock Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement Category/ Type Memo Item Substock Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement Category/ Type Amount of Each Disbursement his Period Memo Item Substock Substock Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement Memo Item Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement Memo Item Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement his Period Memo Item Substock Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement his Period Memo Item Substock Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement his Period Memo Item Substock Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement his Period Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement his Period Substock Substock Transaction ID: \$8218.4116 Amount of Each Disbursement his Period Substock Transaction ID: \$8218.4116 Transa	-		1 -		FEC Ider	ntification	Number	
Legal Services Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: State: District: Memo Item FEC Identification Number Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item State: District: Memo Item FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)		DC	20004		Transaction ID: SB21B.4416 Amount of Each Disbursement this Period			
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Memo Item State: District: Senate Primary General Other (specify) Memo Item Substitution Number Characteristics Senate Primary General Other (specify) Memo Item Memo Item Substitution Number Category/ Type Amount of Each Disbursement this Period								
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Substituting Address FEC Identification Number Chamber Office Sought: House Senate Primary General Other (specify) Memo Item 1663.00	Candidate Name							
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Senate Primary General Memo Item State: District: Subtrotal of Disbursements This Page (optional)	Office Sought: House Dishure	omont For:		Туре				
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substoctal Amount of Each Disbursement this Period Memo Item Memo Item Mailing Address FEC Identification Number Category/ Type Memo Item Memo Item		_	General					
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substock Disbursement For: Senate Primary General Other (specify) Memo Item	President	Other (spe	ecify)		Mem	o Item		
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: M M M / D D / YYYYYY FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 1663.00								
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	, , ,				Date of I	Jishursen	nent	
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substitute: Memo Item 1663.00	o .							Y Y Y
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute Name Category/ Type Memo Item 1663.00	Mailing Address						J L	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute Name Category/ Type Memo Item 1663.00	City	State	Zin Code					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrict: Memo Item 1663.00	Ony .	Siaio	Zip Oode		FEC Ider	itification	Number	
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Memo Item 1663.00	Purpose of Disbursement							
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Memo Item 1663.00	Candidate Name							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Canadate Name	Amount	of Each D	osburseme	ent this Period			
State: Other (specify) Substrict: Memo Item Substrict: 1663.00	Office Sought: House Disburse		75	40	45			
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)								
SUBTOTAL of Disbursements This Page (optional)		Mem	o Item					
4662.00	2.55							
1663.00	SUBTOTAL of Disbursements This Page (optional)					7		1663.00
		`			-			1663.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8 OF
FOR LINE NUMBER:
(check only one)

9 **x** 10

NAME OF COMMITTEE (In Full) NORTH FLORIDA NEIGHBORS					
A. Full Name (Last, First, Middle Initial) of Debtor i360, LLC	Nature of Debt (Purpose): Database Services				
Mailing Address PO Box 37046					
City Baltimore					
Outstanding Balance Beginning This Period			Transaction ID : SD10.4435		
0.00	Pov	mont This Pariod	Outstanding Palance at Close of This Paried		
Amount Incurred This Period 2000.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 2000.00		
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period		
	7				
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	1				
Amount Incurred This Period	Outstanding Balance at Close of This Period				
	7	<u> </u>			
1) SUBTOTALS This Period This Page (optional)	1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number of	2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C	0.00				
4) ADD 2) and 3) and carry forward to appropriate lin	2000.00				