RECEIVED
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PUBLIC RECORDS
11 OCT 19 AM 11:26

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT ▼

Example: If typing, type over the lines.

Friends of Mike H

610 S. Boulevard

ADDRESS (number and street) ▼

☐ Check if different than previously reported. (ACC)

Tampa | FL | 33606

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00492231

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

STATE ▼ DISTRICT: FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

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

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

Election on (M M / D D / Y Y Y Y) ____ in the State of ____

(b) 30-Day **Post-** Election Report for the:

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

Election on (M M / D D / Y Y Y Y) ____ 0 in the State of ____

5. Covering Period 07 / 01 / 2011 through 09 / 30 / 2011

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: Nancy Watkins

Signature of Treasurer: Nancy D. Watkins Date: 10 / 04 / 2011

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)

11020413750

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 02/2003)

Write or Type Committee Name

Friends of Mike H

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 2011

	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)) ...	11980.00	3527204.62
(b) Total Contribution Refunds (from Line 20(d))	1016599.99	1035176.15
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-1004619.99	2492028.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	330876.80	982185.61
(b) Total Offsets to Operating Expenditures (from Line 14)	351.54	831.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	330525.26	981354.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	1516213.24	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

11020413751

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 02/2003)

Write or Type Committee Name

Friends of Mike H

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 2011

I. RECEIPTS	COLUMN A This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11800.00	3366125.75
(ii) Unitemized	180.00	37368.87
(iii) TOTAL of contributions from individuals ▶	11980.00	3403494.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	123710.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	11980.00	3527204.62
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	351.54	831.32
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2088.16	5539.06
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	14419.70	3533575.00

11020413752

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	330876.80	982185.61
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 (such as PACs)	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1001599.99	1020176.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15000.00	15000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	1016599.99	1035176.15
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1347476.79	2017361.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2849270.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	14419.70
25. SUBTOTAL (add Line 23 and Line 24)	2863690.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	1347476.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1516213.24

11020413752

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 1 OF 4

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Berke, Bill B.
Mailing Address
1003 Del Prado Blvd., #300
City: Cape Coral State: FL Zip Code: 33990
FEC ID number of contributing federal political committee. C
Name of Employer: Berke & Lubell, P.A. Occupation: attorney
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Election Cycle-to-Date: 5000.00

Date of Receipt: 07 / 08 / 2011
Transaction ID: C-213-00h301
Amount of Each Receipt this Period: 2500.00
[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

B. Full Name (Last, First, Middle Initial)
Berke, Bill B.
Mailing Address
1003 Del Prado Blvd., #300
City: Cape Coral State: FL Zip Code: 33990
FEC ID number of contributing federal political committee. C
Name of Employer: Berke & Lubell, P.A. Occupation: attorney
Receipt For: [ ] Primary [X] General [ ] Other (specify):
Election Cycle-to-Date: 5000.00

Date of Receipt: 07 / 08 / 2011
Transaction ID: C-214-00h302
Amount of Each Receipt this Period: 2500.00
[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

C. Full Name (Last, First, Middle Initial)
Birenbaum, Dale
Mailing Address
500 Winderly Place, #115
City: Maitland State: FL Zip Code: 32751
FEC ID number of contributing federal political committee. C
Name of Employer: Florida Hospital Orlando Occupation: physician
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 05 / 2011
Transaction ID: C-246-001l02
Amount of Each Receipt this Period: 500.00
[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶ 5500.00

11020413755

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Bowls, Bradford
Mailing Address
500 Winderly Place, #115
City: Maitland State: FL Zip Code: 32751
FEC ID number of contributing federal political committee: C
Name of Employer: Florida Hospital of Orlando
Occupation: physician
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 05 / 2011
Transaction ID: C-307-00d601
Amount of Each Receipt this Period: 500.00
[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

B. Full Name (Last, First, Middle Initial)
Brooks, Beach A.
Mailing Address
100 Lake Otis Road
City: Winter Haven State: FL Zip Code: 33884
FEC ID number of contributing federal political committee: C
Name of Employer: The Brooks Law Group
Occupation: attorney
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 08 / 2011
Transaction ID: C-350-00h101
Amount of Each Receipt this Period: 500.00
[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

C. Full Name (Last, First, Middle Initial)
Campbell, Timothy
Mailing Address
704 Hanover Court
City: Lakeland State: FL Zip Code: 33813
FEC ID number of contributing federal political committee: C
Name of Employer: Clark, Campbell, Mawhinney et
Occupation: attorney
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Election Cycle-to-Date: 300.00

Date of Receipt: 07 / 05 / 2011
Transaction ID: C-430-00d201
Amount of Each Receipt this Period: 300.00
[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

11020413755

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

TOTAL This Period (last page this line number only) ▶ 6800.00

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)

[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Chan, Ka Hang

Mailing Address
500 Winderly Place, #115

City: Maitland | State: FL | Zip Code: 32751

FEC ID number of contributing federal political committee: C

Name of Employer: Joe Dimaggio Children's Hospital | Occupation: physician

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 05 / 2011

Transaction ID: C-492-00d701

Amount of Each Receipt this Period: 500.00

[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

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

Mailing Address
500 Winderly Place, #115

City: Maitland | State: FL | Zip Code: 32751

FEC ID number of contributing federal political committee: C

Name of Employer: Florida Emergency Physicians | Occupation: physician

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 05 / 2011

Transaction ID: C-616-001e02

Amount of Each Receipt this Period: 500.00

[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

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

Mailing Address
7602 Marbelhead Lane

City: Parkland | State: FL | Zip Code: 33067

FEC ID number of contributing federal political committee: C

Name of Employer: n/a | Occupation: homemaker

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Election Cycle-to-Date: 2500.00

Date of Receipt: 07 / 01 / 2011

Transaction ID: C-804-00bN01

Amount of Each Receipt this Period: 2500.00

[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

11020413755

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 10300.00

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 4 OF 4

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Ligori, Keith P.

Mailing Address
5117 W. San Jose Street

City: Tampa | State: FL | Zip Code: 33629

FEC ID number of contributing federal political committee: C

Name of Employer: self-employed

Occupation: attorney

Receipt For:
[X] Primary [ ] General
[ ] Other (specify): ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 07 / 08 / 2011

Transaction ID: C-1572-00h201

Amount of Each Receipt this Period: 1500.00

[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

11020413757

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 11800.00

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 ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Bright House Networks
Mailing Address
P. O. Box 31173
City: Tampa State: FL Zip Code: 33631
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify):
Election Cycle-to-Date ▼ 192.61

Date of Receipt: 09 / 06 / 2011
Transaction ID: C-344-00WV01
Amount of Each Receipt this Period: 192.61
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1
refund cable/internet

B. Full Name (Last, First, Middle Initial)
Inlet Liquor
Mailing Address
365 Military Trail
City: Jupiter State: FL Zip Code: 33458
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify):
Election Cycle-to-Date ▼ 158.93

Date of Receipt: 07 / 09 / 2011
Transaction ID: C-1280-00Z801
Amount of Each Receipt this Period: 158.93
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1
refund 6/23 beverages

SUBTOTAL of Receipts This Page (optional) ▶ 351.54

TOTAL This Period (last page this line number only) ▶ 351.54

11020413758

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 ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Bank of Tampa
Mailing Address
P. O. Box 1
City: Tampa State: FL Zip Code: 33601
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify):
Election Cycle-to-Date ▼ 5539.06

Date of Receipt: 08 / 31 / 2011
Transaction ID: C-155-000406
Amount of Each Receipt this Period: 750.90
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

B.
Full Name (Last, First, Middle Initial)
Bank of Tampa
Mailing Address
P. O. Box 1
City: Tampa State: FL Zip Code: 33601
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify):
Election Cycle-to-Date ▼ 5539.06

Date of Receipt: 07 / 29 / 2011
Transaction ID: C-156-000407
Amount of Each Receipt this Period: 853.60
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

C.
Full Name (Last, First, Middle Initial)
Bank of Tampa
Mailing Address
P. O. Box 1
City: Tampa State: FL Zip Code: 33601
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify):
Election Cycle-to-Date ▼ 5539.06

Date of Receipt: 09 / 30 / 2011
Transaction ID: C-157-000408
Amount of Each Receipt this Period: 483.66
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

SUBTOTAL of Receipts This Page (optional) ▶ 2088.16

TOTAL This Period (last page this line number only) ▶ 2088.16

11020413759

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland | State: NJ | Zip Code: 07068
Purpose of Disbursement: payroll taxes
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D9-00hG01
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 478.49
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland | State: NJ | Zip Code: 07068
Purpose of Disbursement: payroll taxes
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D10-00hG02
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 584.68
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland | State: NJ | Zip Code: 07068
Purpose of Disbursement: payroll services
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D11-00hG03
Date of Disbursemenmt: 07 / 22 / 2011
Amount of Each Disbursement this Period: 186.75
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1249.92

TOTAL This Period (last page this line number only) ▶ 1249.92

11020412758

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 2 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland State: NJ Zip Code: 07068
Purpose of Disbursement: payroll services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D12-00hG04
Date of Disbursemenmt: 08 / 05 / 2011
Amount of Each Disbursement this Period: 91.25
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland State: NJ Zip Code: 07068
Purpose of Disbursement: payroll services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D13-00hG05
Date of Disbursemenmt: 08 / 19 / 2011
Amount of Each Disbursement this Period: 93.50
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland State: NJ Zip Code: 07068
Purpose of Disbursement: payroll taxes
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D14-00hG06
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 689.44
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413761

SUBTOTAL of Disbursements This Page (optional) ▶ 874.19

TOTAL This Period (last page this line number only) ▶ 2124.11

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)

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland State: NJ Zip Code: 07068
Purpose of Disbursement: payroll taxes
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D15-00hG07
Date of Disbursemenmt: 09 / 08 / 2011
Amount of Each Disbursement this Period: 143.44
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland State: NJ Zip Code: 07068
Purpose of Disbursement: payroll services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D16-00hG08
Date of Disbursemenmt: 09 / 16 / 2011
Amount of Each Disbursement this Period: 75.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.
Mailing Address
1 ADP Blvd.
City: Roseland State: NJ Zip Code: 07068
Purpose of Disbursement: payroll services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D17-00hG09
Date of Disbursemenmt: 09 / 23 / 2011
Amount of Each Disbursement this Period: 99.50
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 317.94

TOTAL This Period (last page this line number only) ▶ 2442.05

11020413762

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial): AT&T Mobility
Mailing Address: P. O. Box 6463
City: Carol Stream | State: IL | Zip Code: 60197
Purpose of Disbursement: telephone
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D36-00Fm0C
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 273.84
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): AT&T Mobility
Mailing Address: P. O. Box 6463
City: Carol Stream | State: IL | Zip Code: 60197
Purpose of Disbursement: telephone
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D37-00Fm0D
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 652.83
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): AT&T Mobility
Mailing Address: P. O. Box 6463
City: Carol Stream | State: IL | Zip Code: 60197
Purpose of Disbursement: telephone
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D38-00Fm0E
Date of Disbursemenmt: 08 / 18 / 2011
Amount of Each Disbursement this Period: 650.78
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1577.45

TOTAL This Period (last page this line number only) ▶ 4019.50

11020413765

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): AT&T Mobility
Mailing Address: P. O. Box 6463
City: Carol Stream State: IL Zip Code: 60197
Purpose of Disbursement: telephone
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D39-00Fm0F
Date of Disbursemenmt: 08 / 25 / 2011
Amount of Each Disbursement this Period: 172.98
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): AT&T Mobility
Mailing Address: P. O. Box 6463
City: Carol Stream State: IL Zip Code: 60197
Purpose of Disbursement: telephone
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D40-00Fm0G
Date of Disbursemenmt: 09 / 15 / 2011
Amount of Each Disbursement this Period: 651.70
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Timothy Baker Consulting, LLC
Mailing Address: P. O. Box 424
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: travel/meals
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D125-006G07
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 2159.01
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2983.69

TOTAL This Period (last page this line number only) ▶ 7003.19

11020413764

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: travel/meals
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D126-006G08
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 583.68
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: research
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D127-006G09
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 15000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: campaign management
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D128-006G0A
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 7500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413765

SUBTOTAL of Disbursements This Page (optional) ▶ 23083.68

TOTAL This Period (last page this line number only) ▶ 30086.87

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: research consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D129-006G0B
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 1250.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: campaign managment
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D130-006G0C
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 7500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bax, Christian J.
Mailing Address
3015 Windsor Way
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D147-00VL03
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 495.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 9245.00

TOTAL This Period (last page this line number only) ▶ 39331.87

11020413756

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Bax, Christian J.
Mailing Address
3015 Windsor Way
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D148-00VL04
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 585.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bax, Christian J.
Mailing Address
3015 Windsor Way
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D149-00VL05
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 432.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bright House Networks
Mailing Address
P. O. Box 31173
City: Tampa State: FL Zip Code: 33631
Purpose of Disbursement: cable/internet access
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D194-00WV02
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 142.57
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1159.57

TOTAL This Period (last page this line number only) ▶ 40491.44

11020413767

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Bright House Networks
Mailing Address
P. O. Box 31173
City: Tampa State: FL Zip Code: 33631
Purpose of Disbursement: cable/internet access
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D195-00WV03
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 142.61
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Brown, Steven J.
Mailing Address
1775 E. Palm Canyon Drive
City: Palm Springs State: CA Zip Code: 92264
Purpose of Disbursement: media consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D198-00i101
Date of Disbursemenmt: 09 / 16 / 2011
Amount of Each Disbursement this Period: 7500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
City of Tallahassee
Mailing Address
435 N. Macomb Street
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: utilities
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D282-00SN04
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 162.96
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7805.57

TOTAL This Period (last page this line number only) ▶ 48297.01

11020413768

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 10 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
City of Tallahassee
Mailing Address
435 N. Macomb Street
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: utilities
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D283-00SN05
Date of Disbursemenmt: 08 / 10 / 2011
Amount of Each Disbursement this Period: 134.20
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
City of Tallahassee
Mailing Address
435 N. Macomb Street
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: utilities
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D284-00SN06
Date of Disbursemenmt: 09 / 15 / 2011
Amount of Each Disbursement this Period: 92.53
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Coates Law Firm, PL
Mailing Address
115 E. Park Avenue, #1
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: legal services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D294-00RW04
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 2500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020417765

SUBTOTAL of Disbursements This Page (optional) ▶ 2726.73

TOTAL This Period (last page this line number only) ▶ 51023.74

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Coates Law Firm, PL
Mailing Address
115 E. Park Avenue, #1
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: legal services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D295-00RW05
Date of Disbursemenmt: 07 / 20 / 2011
Amount of Each Disbursement this Period: 2500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Coates Law Firm, PL
Mailing Address
115 E. Park Avenue, #1
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: legal services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D296-00RW06
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 2500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Comcast
Mailing Address
P. O. Box 105184
City: Atlanta State: GA Zip Code: 30348
Purpose of Disbursement: internet access
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D303-00SO04
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 104.95
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5104.95

TOTAL This Period (last page this line number only) ▶ 56128.69

11020413778

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Comcast
Mailing Address
P. O. Box 105184
City: Atlanta State: GA Zip Code: 30348
Purpose of Disbursement: internet access
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D304-00SO05
Date of Disbursemenmt: 08 / 10 / 2011
Amount of Each Disbursement this Period: 104.95
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Data Targeting, Inc.
Mailing Address
6211 N.W. 132nd Street
City: Gainesville State: FL Zip Code: 32653
Purpose of Disbursement: research
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D331-00RM0K
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 5000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Data Targeting, Inc.
Mailing Address
6211 N.W. 132nd Street
City: Gainesville State: FL Zip Code: 32653
Purpose of Disbursement: campaign management
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D332-00RM0L
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 30000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 35104.95

TOTAL This Period (last page this line number only) ▶ 91233.64

11020413771

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Data Targeting, Inc.
Mailing Address
6211 N.W. 132nd Street
City: Gainesville State: FL Zip Code: 32653
Purpose of Disbursement: campaign management
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D333-00RM0M
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Data Targeting, Inc.
Mailing Address
6211 N.W. 132nd Street
City: Gainesville State: FL Zip Code: 32653
Purpose of Disbursement: direct mail services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D334-00RM0N
Date of Disbursemenmt: 07 / 28 / 2011
Amount of Each Disbursement this Period: 12850.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Data Targeting, Inc.
Mailing Address
6211 N.W. 132nd Street
City: Gainesville State: FL Zip Code: 32653
Purpose of Disbursement: printing
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D335-00RM0O
Date of Disbursemenmt: 07 / 28 / 2011
Amount of Each Disbursement this Period: 4600.70
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413772

SUBTOTAL of Disbursements This Page (optional) ▶ 27450.70

TOTAL This Period (last page this line number only) ▶ 118684.34

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Dollar Rent-A-Car
Mailing Address
9201 Airport Blvd.
City: Orlando State: FL Zip Code: 32827
Purpose of Disbursement: transportation
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D383-00TI02
Date of Disbursemenmt: 08 / 25 / 2011
Amount of Each Disbursement this Period: 40.93
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Double S Consulting, LLC
Mailing Address
1719 Sharon Road
City: Tallahassee State: FL Zip Code: 32303
Purpose of Disbursement: research consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D393-00SP05
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 3000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Double S Consulting, LLC
Mailing Address
1719 Sharon Road
City: Tallahassee State: FL Zip Code: 32303
Purpose of Disbursement: research consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D395-00SP07
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 5000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 8040.93

TOTAL This Period (last page this line number only) ▶ 126725.27

11020591277

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 15 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Fiorentino, T. Martin
Mailing Address
P. O. Box 3246
City: Ponte Vedra State: FL Zip Code: 32004
Purpose of Disbursement: catering
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D465-001w02
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 190.04
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Cristina Flanders
Mailing Address
3084 Justice Lane
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D488-00020K
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 1875.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Cristina Flanders
Mailing Address
3084 Justice Lane
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D489-00020L
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 1875.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3940.04

TOTAL This Period (last page this line number only) ▶ 130665.31

11020413774

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Cristina Flanders
Mailing Address: 3084 Justice Lane
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: salary
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D490-00020M
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 1875.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Cristina Flanders
Mailing Address: 3084 Justice Lane
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: salary
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D491-00020N
Date of Disbursemenmt: 09 / 08 / 2011
Amount of Each Disbursement this Period: 1875.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Florida Power & Light
Mailing Address: General Mail Facility
City: Miami State: FL Zip Code: 33188
Purpose of Disbursement: utilities
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D498-00UW03
Date of Disbursemenmt: 07 / 20 / 2011
Amount of Each Disbursement this Period: 70.82
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3820.82

TOTAL This Period (last page this line number only) ▶ 134486.13

11020413775

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Florida Power & Light
Mailing Address
General Mail Facility
City: Miami State: FL Zip Code: 33188
Purpose of Disbursement: utilities
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D499-00UW04
Date of Disbursemenmt: 08 / 18 / 2011
Amount of Each Disbursement this Period: 78.90
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Florida U.C. Fund
Mailing Address
5050 W. Tennessee Street
City: Tallahassee State: FL Zip Code: 32399
Purpose of Disbursement: payroll taxes
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D501-00So02
Date of Disbursemenmt: 07 / 26 / 2011
Amount of Each Disbursement this Period: 268.54
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Forward Strategies, Inc.
Mailing Address
2118 E. Randolph Circle
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: fundraising consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D568-00Sn03
Date of Disbursemenmt: 08 / 10 / 2011
Amount of Each Disbursement this Period: 39250.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 39597.44

TOTAL This Period (last page this line number only) ▶ 174083.57

11020413775

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Fox, James A.
Mailing Address: 1131 Willa Vista Tr.
City: Maitland State: FL Zip Code: 32751
Purpose of Disbursement: salary
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D573-00ZE02
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 248.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Fox, James A.
Mailing Address: 1131 Willa Vista Tr.
City: Maitland State: FL Zip Code: 32751
Purpose of Disbursement: salary
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D574-00ZE03
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 228.80
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Gale Aviation, LLC
Mailing Address: 103-B North Lake Drive
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: transportation
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D583-00hU01
Date of Disbursemenmt: 08 / 05 / 2011
Amount of Each Disbursement this Period: 799.28
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1276.08

TOTAL This Period (last page this line number only) ▶ 175359.65

11020413777

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Grassroots Political Consulting
Mailing Address
P. O. Box 65459
City: Washington State: DC Zip Code: 20035
Purpose of Disbursement: campaign management
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D625-00Kz05
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 5000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Grassroots Political Consulting
Mailing Address
P. O. Box 65459
City: Washington State: DC Zip Code: 20035
Purpose of Disbursement: travel/meals
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D626-00Kz06
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 3622.13
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Grassroots Political Consulting
Mailing Address
P. O. Box 65459
City: Washington State: DC Zip Code: 20035
Purpose of Disbursement: campaign management
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D627-00Kz07
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 18622.13

TOTAL This Period (last page this line number only) ▶ 193981.78

11020413278

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Grassroots Political Consulting
Mailing Address
P. O. Box 65459
City: Washington State: DC Zip Code: 20035
Purpose of Disbursement: travel/meals
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D628-00Kz08
Date of Disbursemenmt: 08 / 18 / 2011
Amount of Each Disbursement this Period: 4762.90
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Hannibal Software, Inc.
Mailing Address
611 Pennsylvania Ave., S.E.
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: database management
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D642-00ND03
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 150.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Haridopolos, Mike
Mailing Address
4385 Crooked Mile Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D648-000104
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 1122.39
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6035.29

TOTAL This Period (last page this line number only) ▶ 200017.07

11020413779

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Haridopolos, Mike
Mailing Address
4385 Crooked Mile Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-000105
Date of Disbursemenmt: 06 / 30 / 2011
Amount of Each Disbursement this Period: 842.01
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Haridopolos, Mike
Mailing Address
4385 Crooked Mile Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D650-000106
Date of Disbursemenmt: 08 / 25 / 2011
Amount of Each Disbursement this Period: 842.88
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
AT&T
Mailing Address
P. O. Box 536216
City: Atlanta State: GA Zip Code: 30353
Purpose of Disbursement: telephone
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-00Sm07
Date of Disbursemenmt: 07 / 08 / 2011
Amount of Each Disbursement this Period: 265.71
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 842.88

TOTAL This Period (last page this line number only) ▶ 200859.95

11020413780

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 22 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Haridopolos, Mike
Mailing Address
4385 Crooked Mile Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: fuel
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-000107
Date of Disbursemenmt: 06 / 23 / 2011
Amount of Each Disbursement this Period: 57.12
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Haridopolos, Mike
Mailing Address
4385 Crooked Mile Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: fuel
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-000108
Date of Disbursemenmt: 06 / 25 / 2011
Amount of Each Disbursement this Period: 73.44
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Renaissance Hotels
Mailing Address
714 Seventh Avenue
City: New York State: NY Zip Code: 10036
Purpose of Disbursement: lodging
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D4-00i001
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 346.61
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 200859.95

11020411781

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 23 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Ivey, Jeffrey K.
Mailing Address
860 Indianola Drive
City: Merritt Island State: FL Zip Code: 32953
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D721-00ZD02
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 208.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ivey, Jeffrey K.
Mailing Address
860 Indianola Drive
City: Merritt Island State: FL Zip Code: 32953
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D722-00ZD03
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 178.40
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Daniel R. Latasa
Mailing Address
405 Bridgeview Terrace
City: St. Johns State: FL Zip Code: 32259
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D801-00Ti04
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 288.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 674.40

TOTAL This Period (last page this line number only) ▶ 201534.35

11020417782

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Daniel R. Latasa
Mailing Address
405 Bridgeview Terrace
City: St. Johns State: FL Zip Code: 32259
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D802-00Ti05
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 344.25
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Daniel R. Latasa
Mailing Address
405 Bridgeview Terrace
City: St. Johns State: FL Zip Code: 32259
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D803-00Ti06
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 722.29
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lester, Megan E.
Mailing Address
2611 Parkland Blvd.
City: Tampa State: FL Zip Code: 33609
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D812-00T404
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 240.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1306.54

TOTAL This Period (last page this line number only) ▶ 202840.89

11020411783

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Lester, Megan E.
Mailing Address
2611 Parkland Blvd.
City: Tampa State: FL Zip Code: 33609
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D813-00T405
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 238.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Lester, Megan E.
Mailing Address
2611 Parkland Blvd.
City: Tampa State: FL Zip Code: 33609
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D814-00T406
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 450.88
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lewis, McKinley P.
Mailing Address
6130 Everlasting Place
City: Land O' Lakes State: FL Zip Code: 34639
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D817-00T503
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 168.40
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 857.28

TOTAL This Period (last page this line number only) ▶ 203698.17

11020411795

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
New Media Strategies, Inc.
Mailing Address
1100 Wilson Blvd., #1400
City: Arlington State: VA Zip Code: 22209
Purpose of Disbursement: media consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D899-00Tg05
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
New Media Strategies, Inc.
Mailing Address
1100 Wilson Blvd., #1400
City: Arlington State: VA Zip Code: 22209
Purpose of Disbursement: travel/email services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D900-00Tg06
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 119.45
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
New Media Strategies, Inc.
Mailing Address
1100 Wilson Blvd., #1400
City: Arlington State: VA Zip Code: 22209
Purpose of Disbursement: advertising
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D901-00Tg07
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 2717.52
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 12836.97

TOTAL This Period (last page this line number only) ▶ 216535.14

11020413785

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
New Media Strategies, Inc.
Mailing Address
1100 Wilson Blvd., #1400
City: Arlington State: VA Zip Code: 22209
Purpose of Disbursement: media consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D902-00Tg08
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
O'Rourke, Meredith
Mailing Address
2118 E. Randolph Circle
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D911-007s07
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 838.05
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Candlewood Suites-North Melbourne
Mailing Address
2930 Pineda Causeway
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: lodging
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-00SQ02
Date of Disbursemenmt: 06 / 22 / 2011
Amount of Each Disbursement this Period: 94.34
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020613785

SUBTOTAL of Disbursements This Page (optional) ▶ 10838.05

TOTAL This Period (last page this line number only) ▶ 227373.19

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 28 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
O'Rourke, Meredith
Mailing Address
2118 E. Randolph Circle
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-007s08
Date of Disbursemenmt: 06 / 30 / 2011
Amount of Each Disbursement this Period: 743.71
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ozean Media, Inc.
Mailing Address
2831 N.W. 41st Street, #J
City: Gainesville State: FL Zip Code: 32606
Purpose of Disbursement: video production
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D940-00hE01
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Parker Rentals
Mailing Address
3089 White Ibis Way
City: Tallahassee State: FL Zip Code: 32309
Purpose of Disbursement: office rent
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D953-00RP03
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 752.50
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1252.50

TOTAL This Period (last page this line number only) ▶ 228625.69

11020412787

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Parker Rentals
Mailing Address
3089 White Ibis Way
City: Tallahassee State: FL Zip Code: 32309
Purpose of Disbursement: office rent
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D954-00RP04
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 752.50
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D983-00050H
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 832.44
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address
P. O. Box 660108
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: telephone
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-00Fo09
Date of Disbursemenmt: 04 / 30 / 2011
Amount of Each Disbursement this Period: 219.95
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1584.94

TOTAL This Period (last page this line number only) ▶ 230210.63

11020413788

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 30 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address
P. O. Box 660108
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: telephone
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-00Fo0A
Date of Disbursemenmt: 05 / 31 / 2011
Amount of Each Disbursement this Period: 238.50
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address
P. O. Box 660108
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: telephone
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-00Fo0B
Date of Disbursemenmt: 06 / 30 / 2011
Amount of Each Disbursement this Period: 373.99
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D984-00050I
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 423.58
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413789

SUBTOTAL of Disbursements This Page (optional) ▶ 423.58

TOTAL This Period (last page this line number only) ▶ 230634.21

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Capitol Hill Club
Mailing Address
300 First Street, S.E.
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: food & beverage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-00cU02
Date of Disbursemenmt: 06 / 14 / 2011
Amount of Each Disbursement this Period: 73.99
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage/parking
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-00050K
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 320.59
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D986-00050L
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 2250.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.00

TOTAL This Period (last page this line number only) ▶ 232884.21

11020411790

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: salary
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D987-00050M
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 2250.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: salary
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D988-00050N
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 2250.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: see memo entries
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D989-00050O
Date of Disbursemenmt: 08 / 25 / 2011
Amount of Each Disbursement this Period: 3193.23
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7693.23

TOTAL This Period (last page this line number only) ▶ 240577.44

11020413791

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)
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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
JetBlue Airways
Mailing Address
6322 South 3000, E., #G10
City: Salt Lake City | State: UT | Zip Code: 84121
Purpose of Disbursement: transportation
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D4-00MH03
Date of Disbursemenmt: 05 / 30 / 2011
Amount of Each Disbursement this Period: 365.00
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola | State: FL | Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D6-00050P
Date of Disbursemenmt: 06 / 25 / 2011
Amount of Each Disbursement this Period: 180.03
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola | State: FL | Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D7-00050Q
Date of Disbursemenmt: 06 / 26 / 2011
Amount of Each Disbursement this Period: 88.23
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413792

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 240577.44

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 34 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D8-00050R
Date of Disbursemenmt: 06 / 27 / 2011
Amount of Each Disbursement this Period: 144.84
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D9-00050S
Date of Disbursemenmt: 06 / 28 / 2011
Amount of Each Disbursement this Period: 209.10
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D10-00050T
Date of Disbursemenmt: 07 / 08 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 240577.44

11020411379

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D11-00050U
Date of Disbursemenmt: 07 / 10 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D12-00050V
Date of Disbursemenmt: 07 / 11 / 2011
Amount of Each Disbursement this Period: 255.51
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D13-00050W
Date of Disbursemenmt: 07 / 12 / 2011
Amount of Each Disbursement this Period: 117.30
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 240577.44

11020413794

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D14-00050X
Date of Disbursemenmt: 07 / 13 / 2011
Amount of Each Disbursement this Period: 275.91
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D15-00050Y
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 52.53
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D16-00050Z
Date of Disbursemenmt: 07 / 18 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020813795

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 240577.44

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D17-00050a
Date of Disbursemenmt: 07 / 20 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D18-00050b
Date of Disbursemenmt: 07 / 22 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Philpot, Timothy
Mailing Address: 500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D19-00050c
Date of Disbursemenmt: 07 / 24 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 240577.44

11020413795

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 57

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Philpot, Timothy
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D20-00050d
Date of Disbursemenmt: 08 / 08 / 2011
Amount of Each Disbursement this Period: 165.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address
P. O. Box 660108
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: telephone
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D22-00Fo0C
Date of Disbursemenmt: 07 / 13 / 2011
Amount of Each Disbursement this Period: 82.71
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
The Preserve at Longleaf
Mailing Address
4465 Preserve Drive
City: Melbourne State: FL Zip Code: 32934
Purpose of Disbursement: staff housing
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1021-00Tf06
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 1323.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020813797

SUBTOTAL of Disbursements This Page (optional) ▶ 1323.00

TOTAL This Period (last page this line number only) ▶ 241900.44

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
The Preserve at Longleaf
Mailing Address
4465 Preserve Drive
City: Melbourne State: FL Zip Code: 32934
Purpose of Disbursement: staff housing
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1022-00Tf08
Date of Disbursemenmt: 08 / 10 / 2011
Amount of Each Disbursement this Period: 3894.60
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Kamilah Prince
Mailing Address
P. O. Box 10366
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1023-00hI01
Date of Disbursemenmt: 07 / 28 / 2011
Amount of Each Disbursement this Period: 968.87
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Enterprise Rent-A-Car
Mailing Address
600 Corporate Park Drive
City: Saint Louis State: MO Zip Code: 63105
Purpose of Disbursement: transportation
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-00hS01
Date of Disbursemenmt: 06 / 20 / 2011
Amount of Each Disbursement this Period: 421.67
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4863.47

TOTAL This Period (last page this line number only) ▶ 246763.91

11020412758

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-00Fn0C
Date of Disbursemenmt: 06 / 19 / 2011
Amount of Each Disbursement this Period: 2.86
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D4-00Fn0D
Date of Disbursemenmt: 06 / 21 / 2011
Amount of Each Disbursement this Period: 27.26
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Florida's Turnpike Headquarters
Mailing Address
P. O. Box 613069
City: Ocoee State: FL Zip Code: 34761
Purpose of Disbursement: tolls
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D5-006M0y
Date of Disbursemenmt: 06 / 19 / 2011
Amount of Each Disbursement this Period: 1.00
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 246763.91

11020413799

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Florida's Turnpike Headquarters
Mailing Address
P. O. Box 613069
City: Ocoee State: FL Zip Code: 34761
Purpose of Disbursement: tolls
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D6-006M11
Date of Disbursemenmt: 06 / 17 / 2011
Amount of Each Disbursement this Period: 1.00
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Florida's Turnpike Headquarters
Mailing Address
P. O. Box 613069
City: Ocoee State: FL Zip Code: 34761
Purpose of Disbursement: tolls
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D7-006M12
Date of Disbursemenmt: 06 / 17 / 2011
Amount of Each Disbursement this Period: 0.75
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Hampton Inn
Mailing Address
8210 Hidden River Parkway
City: Tampa State: FL Zip Code: 33637
Purpose of Disbursement: lodging
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D8-00aH02
Date of Disbursemenmt: 06 / 17 / 2011
Amount of Each Disbursement this Period: 99.68
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413800

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 246763.91

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 42 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Hampton Inn
Mailing Address
8210 Hidden River Parkway
City: Tampa State: FL Zip Code: 33637
Purpose of Disbursement: lodging
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D9-00aH03
Date of Disbursemenmt: 06 / 17 / 2011
Amount of Each Disbursement this Period: 99.68
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Kangaroo Express
Mailing Address
102 S. Blairstone Road
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: fuel
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D11-00cy0A
Date of Disbursemenmt: 06 / 30 / 2011
Amount of Each Disbursement this Period: 24.45
MEMO
Memo
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Salazar, Christina N.
Mailing Address
600 Newport Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1110-00T604
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 154.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 154.00

TOTAL This Period (last page this line number only) ▶ 246917.91

11020411801

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Salazar, Christina N.
Mailing Address
600 Newport Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1111-00T605
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 144.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Salazar, Christina N.
Mailing Address
600 Newport Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1112-00T606
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 533.76
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Shark Tank Media, LLC
Mailing Address
P. O. Box 11804
City: Fort Lauderdale State: FL Zip Code: 33339
Purpose of Disbursement: advertising
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1124-00d301
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 2000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2677.76

TOTAL This Period (last page this line number only) ▶ 249595.67

11020413802

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Frank N. Tsamoutales, LLC
Mailing Address
P. O. Box 128
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: transportation
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1268-00hH01
Date of Disbursemenmt: 07 / 20 / 2011
Amount of Each Disbursement this Period: 695.70
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Tsang, Harry
Mailing Address
14018 Ash Grove Court
City: Orlando State: FL Zip Code: 32828
Purpose of Disbursement: video services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1269-00hT01
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 207.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Tsang, Harry
Mailing Address
14018 Ash Grove Court
City: Orlando State: FL Zip Code: 32828
Purpose of Disbursement: mileage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1270-00hT02
Date of Disbursemenmt: 08 / 03 / 2011
Amount of Each Disbursement this Period: 536.27
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1438.97

TOTAL This Period (last page this line number only) ▶ 251034.64

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 45 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Unico Strategies, LLC
Mailing Address
3125 Baringer Hill Drive
City: Tallahassee State: FL Zip Code: 32311
Purpose of Disbursement: communications consulting
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1294-00VK02
Date of Disbursemenmt: 07 / 08 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
United Parcel Service
Mailing Address
P. O. Box 7247
City: Philadelphia State: PA Zip Code: 19170
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1310-00K40F
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 98.60
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
United Parcel Service
Mailing Address
P. O. Box 7247
City: Philadelphia State: PA Zip Code: 19170
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1311-00K40G
Date of Disbursemenmt: 07 / 14 / 2011
Amount of Each Disbursement this Period: 98.60
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 10197.20

TOTAL This Period (last page this line number only) ▶ 261231.84

11020413804

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial)
United Parcel Service
Mailing Address
P. O. Box 7247
City: Philadelphia State: PA Zip Code: 19170
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1312-00K40H
Date of Disbursemenmt: 07 / 28 / 2011
Amount of Each Disbursement this Period: 24.33
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
United Parcel Service
Mailing Address
P. O. Box 7247
City: Philadelphia State: PA Zip Code: 19170
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1313-00K40I
Date of Disbursemenmt: 08 / 10 / 2011
Amount of Each Disbursement this Period: 54.50
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
United States Treasury
Mailing Address
P. O. Box 173788
City: Denver State: CO Zip Code: 80217
Purpose of Disbursement: payroll taxes
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1327-00Ba0E
Date of Disbursemenmt: 07 / 26 / 2011
Amount of Each Disbursement this Period: 191.57
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 270.40

TOTAL This Period (last page this line number only) ▶ 261502.24

11020413905

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 47 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Verizon Wireless
Mailing Address
P. O. Box 660108
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: telephone
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1337-00Fo08
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 5.99
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
The Victory Group, Inc.
Mailing Address
1220 Hillshire Road
City: Baltimore State: MD Zip Code: 21222
Purpose of Disbursement: media production
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1343-00hu01
Date of Disbursemenmt: 08 / 18 / 2011
Amount of Each Disbursement this Period: 26000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Visa
Mailing Address
P. O. Box 30131
City: Tampa State: FL Zip Code: 33630
Purpose of Disbursement: see memo entries
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1351-00St07
Date of Disbursemenmt: 07 / 28 / 2011
Amount of Each Disbursement this Period: 266.78
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 26272.77

TOTAL This Period (last page this line number only) ▶ 287775.01

11020412805

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address
6 Sylvan Way
City: Parsippany State: NJ Zip Code: 07054
Purpose of Disbursement: transportation
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-006J0K
Date of Disbursemenmt: 06 / 29 / 2011
Amount of Each Disbursement this Period: 157.14
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address
6 Sylvan Way
City: Parsippany State: NJ Zip Code: 07054
Purpose of Disbursement: tolls
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-006J0L
Date of Disbursemenmt: 07 / 12 / 2011
Amount of Each Disbursement this Period: 6.00
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Publix Super Markets
Mailing Address
P. O. Box 407
City: Lakeland State: FL Zip Code: 33802
Purpose of Disbursement: food & beverage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D7-00Mm08
Date of Disbursemenmt: 07 / 12 / 2011
Amount of Each Disbursement this Period: 17.60
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 287775.01

11020413807

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Visa
Mailing Address: P. O. Box 30131
City: Tampa State: FL Zip Code: 33630
Purpose of Disbursement: see memo entries
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1352-00St08
Date of Disbursemenmt: 08 / 04 / 2011
Amount of Each Disbursement this Period: 4591.54
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): AT&T
Mailing Address: P. O. Box 536216
City: Atlanta State: GA Zip Code: 30353
Purpose of Disbursement: telephone
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-00Sm05
Date of Disbursemenmt: 07 / 11 / 2011
Amount of Each Disbursement this Period: 98.71
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): AT&T
Mailing Address: P. O. Box 536216
City: Atlanta State: GA Zip Code: 30353
Purpose of Disbursement: internet access
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-00Sm06
Date of Disbursemenmt: 07 / 11 / 2011
Amount of Each Disbursement this Period: 25.00
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4591.54

TOTAL This Period (last page this line number only) ▶ 292366.55

11020413808

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D8-00Fn0E
Date of Disbursemenmt: 06 / 24 / 2011
Amount of Each Disbursement this Period: 27.79
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: office supplies
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D9-00Fn0F
Date of Disbursemenmt: 06 / 29 / 2011
Amount of Each Disbursement this Period: 50.80
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D10-00Fn0G
Date of Disbursemenmt: 07 / 03 / 2011
Amount of Each Disbursement this Period: 26.62
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411980

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 292366.55

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: delivery
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D11-00Fn0H
Date of Disbursemenmt: 07 / 03 / 2011
Amount of Each Disbursement this Period: 26.62
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: internet access
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D12-00Fn0I
Date of Disbursemenmt: 07 / 17 / 2011
Amount of Each Disbursement this Period: 2.76
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address
P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: office supplies
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D13-00Fn0J
Date of Disbursemenmt: 07 / 17 / 2011
Amount of Each Disbursement this Period: 24.36
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 292366.55

11020413819

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): FedEx
Mailing Address: P. O. Box 660481
City: Dallas State: TX Zip Code: 75266
Purpose of Disbursement: office supplies
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D14-00Fn0K
Date of Disbursemenmt: 06 / 29 / 2011
Amount of Each Disbursement this Period: 129.42
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Hilton
Mailing Address: 1001 16th Street, N.W.
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: lodging
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D16-00hY01
Date of Disbursemenmt: 06 / 21 / 2011
Amount of Each Disbursement this Period: 1310.79
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Hilton
Mailing Address: 1001 16th Street, N.W.
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: lodging
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D17-00hY02
Date of Disbursemenmt: 06 / 21 / 2011
Amount of Each Disbursement this Period: 1310.79
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 292366.55

11020513811

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Hyatt Place
Mailing Address
1851 S.E. Tenth Avenue
City: Fort Lauderdale State: FL Zip Code: 33316
Purpose of Disbursement: lodging
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D18-00Ww02
Date of Disbursemenmt: 06 / 29 / 2011
Amount of Each Disbursement this Period: 117.84
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Publix Super Markets
Mailing Address
P. O. Box 407
City: Lakeland State: FL Zip Code: 33802
Purpose of Disbursement: food & beverage
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D26-00Mm09
Date of Disbursemenmt: 06 / 22 / 2011
Amount of Each Disbursement this Period: 12.62
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Tiffany & Co.
Mailing Address
727 Fifth Avenue
City: New York State: NY Zip Code: 10022
Purpose of Disbursement: gifts
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D36-00WS04
Date of Disbursemenmt: 06 / 28 / 2011
Amount of Each Disbursement this Period: 176.55
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 292366.55

11020513812

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
U.S. Postal Service
Mailing Address
221 W. Park Avenue
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: postage
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D38-00030A
Date of Disbursemenmt: 06 / 23 / 2011
Amount of Each Disbursement this Period: 44.00
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
USAirways
Mailing Address
7 Park Center
City: Pittsburgh State: PA Zip Code: 15220
Purpose of Disbursement: transportation
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D39-00MI04
Date of Disbursemenmt: 07 / 11 / 2011
Amount of Each Disbursement this Period: 357.40
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Wingate Inn
Mailing Address
4681 Lenoir Avenue, S.
City: Jacksonville State: FL Zip Code: 32216
Purpose of Disbursement: lodging
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D41-00ha01
Date of Disbursemenmt: 06 / 21 / 2011
Amount of Each Disbursement this Period: 100.86
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 292366.55

11020511213

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 55 OF 57

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Wingate Inn
Mailing Address
4681 Lenoir Avenue, S.
City: Jacksonville State: FL Zip Code: 32216
Purpose of Disbursement: lodging
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):

Transaction ID: D42-00ha02
Date of Disbursemenmt: 06 / 21 / 2011
Amount of Each Disbursement this Period: 110.46
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Wallace, Kyle M.
Mailing Address
1342 Riverplace Drive
City: Jacksonville State: FL Zip Code: 32223
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):

Transaction ID: D1357-00VM03
Date of Disbursemenmt: 07 / 15 / 2011
Amount of Each Disbursement this Period: 310.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Wallace, Kyle M.
Mailing Address
1342 Riverplace Drive
City: Jacksonville State: FL Zip Code: 32223
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):

Transaction ID: D1358-00VM04
Date of Disbursemenmt: 07 / 29 / 2011
Amount of Each Disbursement this Period: 690.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 293366.55

11020413814

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Wallace, Kyle M.
Mailing Address
1342 Riverplace Drive
City: Jacksonville State: FL Zip Code: 32223
Purpose of Disbursement: salary
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1359-00VM05
Date of Disbursemenmt: 08 / 15 / 2011
Amount of Each Disbursement this Period: 700.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Robert Watkins & Company
Mailing Address
610 S. Boulevard
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: accounting services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1368-00Su04
Date of Disbursemenmt: 07 / 01 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Robert Watkins & Company
Mailing Address
610 S. Boulevard
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: accounting services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1369-00Su05
Date of Disbursemenmt: 08 / 02 / 2011
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 20700.00

TOTAL This Period (last page this line number only) ▶ 314066.55

11020411815

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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Robert Watkins & Company
Mailing Address
610 S. Boulevard
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: accounting services
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1370-00Su06
Date of Disbursemenmt: 09 / 06 / 2011
Amount of Each Disbursement this Period: 10390.25
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
eDonations.com
Mailing Address
117 N. Saint Asaph Street
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: online fundraising
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1412-000607
Date of Disbursemenmt: 07 / 06 / 2011
Amount of Each Disbursement this Period: 6760.78
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
eDonations.com
Mailing Address
117 N. Saint Asaph Street
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: online fundraising
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1413-000608
Date of Disbursemenmt: 08 / 04 / 2011
Amount of Each Disbursement this Period: 307.04
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 17458.07

TOTAL This Period (last page this line number only) ▶ 331524.62

11020613816

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Adams, Robert P.
Mailing Address
415 Paso Corto Drive
City: Kearneysville State: WV Zip Code: 25430
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D41-00BJ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Adkins, Daniel K.
Mailing Address
5480 S.W. 60th Avenue
City: Davie State: FL Zip Code: 33314
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D42-000U01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Adkins, Susan Myra
Mailing Address
5480 S.W. 60th Avenue
City: Davie State: FL Zip Code: 33314
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D43-000V01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413817

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 7300.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Alexander, John D.
Mailing Address
P. O. Box 1589
City: Lake Wales State: FL Zip Code: 33898
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D44-003301
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Almeida, Edward
Mailing Address
19473 S.W. 55th Street
City: Miramar State: FL Zip Code: 33029
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D45-003f01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Alvarez, Amado A.
Mailing Address
13124 S.W. 106th Avenue
City: Miami State: FL Zip Code: 33176
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D48-00Xb01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413818

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 14600.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Alvarez, Carolina F.
Mailing Address
13124 S.W. 106th Avenue
City: Miami State: FL Zip Code: 33176
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D49-00Xc01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Alvarez, Cesar L.
Mailing Address
333 Avenue of the Americas, #44
City: Miami State: FL Zip Code: 33131
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D50-00A101
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Alvarez, Maximo
Mailing Address
1650 N.W. 87th Avenue
City: Miami State: FL Zip Code: 33172
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D51-00Dx01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413819

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 22100.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Anderson, Cynthia T.
Mailing Address
P. O. Box 38
City: Old Town State: FL Zip Code: 32680
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D68-00Fy01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Anderson, Joe H.
Mailing Address
P. O. Box 38
City: Old Town State: FL Zip Code: 32680
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D69-00Fx01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Andre, Edward
Mailing Address
3800 N. Riverside Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D70-005t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 29500.00

11020413820

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Andre, Jeanne M.
Mailing Address
3800 N. Riverside Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D71-005s01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Angelos, Cynthia G.
Mailing Address
1566 S.E. Ballantrae Court
City: Port Saint Lucie State: FL Zip Code: 34952
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D72-001901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Ansel, Jerome V.
Mailing Address
7626 Fenwick Place
City: Boca Raton State: FL Zip Code: 33496
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D73-005l01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413821

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 36800.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Armas, Jose J.
Mailing Address
4960 S.W. 72nd Avenue, #304
City: Miami State: FL Zip Code: 33155
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D78-00LF01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Audie, Charlotte Brand
Mailing Address
619 S. Ride
City: Tallahassee State: FL Zip Code: 32303
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D80-00B601
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Babazadeh, Fereshteh K.
Mailing Address
2379 Beville Road
City: Daytona Beach State: FL Zip Code: 32119
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D111-00HP01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11029413822

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 44100.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Babazadeh, Mansour K.
Mailing Address
2379 Beville Road
City: Daytona Beach State: FL Zip Code: 32119
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D112-00HM01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Babazadeh, Nasser K.
Mailing Address
2379 Beville Road
City: Daytona Beach State: FL Zip Code: 32119
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D113-00HQ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Babazadeh, Parviash
Mailing Address
1409 Regal Pointe Lane
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D114-00HO01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 51300.00

11020413823

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 8 OF 145

☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Babazadeh, Simin K.
Mailing Address
2379 Beville Road
City: Daytona Beach State: FL Zip Code: 32119
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D115-00HL01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bacon, Robert
Mailing Address
107 Chickadee Court
City: Logan Township State: NJ Zip Code: 08085
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D116-00Yq01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Badolato, Stephen K.
Mailing Address
247 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D117-00CW01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 58700.00

11020413829

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Baker, John D.
Mailing Address
501 Riverside Avenue, #500
City: Jacksonville State: FL Zip Code: 32202
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D118-001v01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ballard, Brian D.
Mailing Address
403 E. Park Avenue
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D131-000A01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Ballard, Kathryn S.
Mailing Address
403 E. Park Avenue
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D132-000901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 65900.00

11020413825

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Bates, H. Scott
Mailing Address
2660 Lakeshore Drive
City: Orlando State: FL Zip Code: 32803
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D143-004o01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bates, Terri
Mailing Address
2660 Lakeshore Drive
City: Orlando State: FL Zip Code: 32803
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D144-00LK01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bear, Belle Y.
Mailing Address
72 Highpoint Drive
City: Gulf Breeze State: FL Zip Code: 32561
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D151-00Be01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413825

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 73100.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Bear, Jr., Lewis
Mailing Address
72 Highpoint Drive
City: Gulf Breeze | State: FL | Zip Code: 32561
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D152-00Bd01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Benderson, Dora
Mailing Address
144 Osprey Point Drive
City: Osprey | State: FL | Zip Code: 34229
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D153-00TT01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Benderson, Lori
Mailing Address
144 Osprey Point Drive
City: Osprey | State: FL | Zip Code: 34229
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D154-009U01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413827

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 80500.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Benderson, Nathan
Mailing Address
8171 Abington Court
City: University Park | State: FL | Zip Code: 34201
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D155-00TU01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Benderson, Randall
Mailing Address
144 Osprey Point Drive
City: Osprey | State: FL | Zip Code: 34229
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D156-009V01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Benderson, Shuan A.
Mailing Address
50 Central Avenue, #14G
City: Sarasota | State: FL | Zip Code: 34236
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D157-00TV01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413828

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 88000.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Berger, Martin
Mailing Address
7601 S.W. 124th Street
City: Miami State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D161-00XZ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Berke, Bill B.
Mailing Address
1003 Del Prado Blvd., #300
City: Cape Coral State: FL Zip Code: 33990
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D162-00h301
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Berke, John P.
Mailing Address
2416 Fairmount Avenue
City: Lakeland State: FL Zip Code: 33803
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D163-00YG01
Date of Disbursemenmt: 09 / 06 / 2011
Amount of Each Disbursement this Period: 250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 92000.00

11020413829

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Bernstein, Kenneth R.
Mailing Address
550 Golden Beach Drive
City: Golden Beach State: FL Zip Code: 33160
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D164-00EA01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Beruff, Carlos
Mailing Address
2212 58th Avenue, E.
City: Bradenton State: FL Zip Code: 34203
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D165-000m01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Best, Virginia M.
Mailing Address
14130 E. Palomino Drive
City: Southwest Ranches State: FL Zip Code: 33330
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D166-00XR01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413820

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 99200.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Biddix, Stacey
Mailing Address
6905 N. Wickham Road, #403
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D169-002C01
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Biddix, Stacey
Mailing Address
6905 N. Wickham Road, #403
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D170-002C02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Biddix, Thomas E.
Mailing Address
6905 N. Wickham Road, #403
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D171-001P01
Date of Disbursemenmt: 07 / 07 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413831

SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00

TOTAL This Period (last page this line number only) ▶ 106300.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial)
Biddix, Thomas E.
Mailing Address
6905 N. Wickham Road, #403
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D172-001P02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Book, Chase Montgomery
Mailing Address
18851 N.E. 29th Avenue, #1010
City: Aventura State: FL Zip Code: 33180
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D178-005H01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Book, Patricia
Mailing Address
491 Coconut Palm Terrace
City: Plantation State: FL Zip Code: 33324
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D179-000S01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413832

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 113800.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Book, Ronald L.
Mailing Address
491 Coconut Palm Terrace
City: Plantation State: FL Zip Code: 33324
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D180-000T01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Book, Samantha Michelle
Mailing Address
18851 N.E. 29th Avenue, #1010
City: Aventura State: FL Zip Code: 33180
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D181-001O01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bostick, R. Mark
Mailing Address
P. O. Box 67
City: Auburndale State: FL Zip Code: 33823
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D182-00bf01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413932

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 121200.00

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Bowen, Angel R.
Mailing Address
3320 Harbor Beach Drive
City: Lake Wales State: FL Zip Code: 33859
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D183-003t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bowen, David S.
Mailing Address
3320 Harbor Beach Drive
City: Lake Wales State: FL Zip Code: 33859
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D184-003u01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Boyar, Cris
Mailing Address
12221 N.W. 73rd Street
City: Parkland State: FL Zip Code: 33076
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D185-00IC01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6050.00

TOTAL This Period (last page this line number only) ▶ 127250.00

11020413834

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Bradford, Rutledge
Mailing Address
4812 Waterwitch Point Drive
City: Orlando State: FL Zip Code: 32806
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D186-00VB01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bradshaw, Paul R.
Mailing Address
1345 Dupont Road
City: Havana State: FL Zip Code: 32333
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D187-001M01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bradshaw, Sally
Mailing Address
1345 Dupont Road
City: Havana State: FL Zip Code: 32333
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D188-001N01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 134550.00

11020513235

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Braman, Irma
Mailing Address
1 Indian Creek Island Road
City: Indian Creek Village State: FL Zip Code: 33154
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D189-002H01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Braman, Norman
Mailing Address
1 Indian Creek Island Road
City: Indian Creek Village State: FL Zip Code: 33154
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D190-002G01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Brana, Armando A.
Mailing Address
11889 S.W. 74th Terrace
City: Miami State: FL Zip Code: 33183
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D191-00Xg01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5300.00

TOTAL This Period (last page this line number only) ▶ 139850.00

11020412835

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Brown, Donna H.
Mailing Address
699 E. 5th Avenue
City: Mount Dora State: FL Zip Code: 32757
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D196-00Yt01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Brown, Gary
Mailing Address
2295 N.W. Corp Blvd., #140
City: Boca Raton State: FL Zip Code: 33431
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D197-00GL01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Buchalter, Terri
Mailing Address
20185 E. Country Club Drive, #5
City: Aventura State: FL Zip Code: 33180
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D199-00Xh01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 833.33
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5833.33

TOTAL This Period (last page this line number only) ▶ 145683.33

11020413837

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial)
Buker, Robert H.
Mailing Address
9433 State Road 80, S.W.
City: Moore Haven | State: FL | Zip Code: 33471
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D207-003e01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Bulfin, John J.
Mailing Address
134 Cortez Road
City: West Palm Beach | State: FL | Zip Code: 33405
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D208-00Uo01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Burlington, Philip
Mailing Address
4 Wycliff Road
City: Palm Beach Gardens | State: FL | Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D215-006i01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411288

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 153083.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Burns, Chase
Mailing Address
P. O. Box 130
City: Anadarko State: OK Zip Code: 73005
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D216-007b01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Burt, Ann E.
Mailing Address
900 John Anderson Drive
City: Ormond Beach State: FL Zip Code: 32176
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D217-006901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Burt, Wallace L.
Mailing Address
900 John Anderson Drive
City: Ormond Beach State: FL Zip Code: 32176
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D218-006801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 160483.33

11020413939

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Burton, Steven G.
Mailing Address
4110 Highland Park Circle
City: Lutz | State: FL | Zip Code: 33558
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D220-00Fr02
Date of Disbursemenmt: 09 / 21 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Burton, Steven G.
Mailing Address
4110 Highland Park Circle
City: Lutz | State: FL | Zip Code: 33558
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D221-00Fr02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Cabrera, Marcio C.
Mailing Address
10150 S.W. 70th Avenue
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D223-009q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413840

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 167883.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Cabrera, Miriam
Mailing Address
10150 S.W. 70th Avenue
City: Miami State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D224-009p01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Carr, Donald J.
Mailing Address
1711 Greystone Ridge
City: San Antonio State: TX Zip Code: 78258
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D240-000s01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Caruncho, Joseph Louis
Mailing Address
16840 S.W. 82nd Avenue
City: Palmetto Bay State: FL Zip Code: 33157
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D244-00A701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 175083.33

11020413841

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial)
Case, Richard M.
Mailing Address
949 Hillsboro Mile
City: Hillsboro Beach | State: FL | Zip Code: 33062
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D246-00UB01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Case, Rita M.
Mailing Address
949 Hillsboro Mile
City: Hillsboro Beach | State: FL | Zip Code: 33062
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D247-00UA01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Catania, Joseph J.
Mailing Address
101 E. Kennedy Blvd., #2400
City: Tampa | State: FL | Zip Code: 33602
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D248-00YU01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413842

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 182583.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Catania, Peter F.
Mailing Address
4809 Culbreath Isles Road
City: Tampa State: FL Zip Code: 33629
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D249-00YZ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Charpenter, Stephen G.
Mailing Address
2285 W. Eau Gallie Blvd.
City: Melbourne State: FL Zip Code: 32935
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D259-008501
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Chaviano, Leslie
Mailing Address
3467 N.E. 168th Street
City: North Miami Beach State: FL Zip Code: 33169
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D260-00XY01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020941384

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 190083.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Choutka, Michael J.
Mailing Address
3481 Rockcliff Place
City: Longwood State: FL Zip Code: 32779
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D270-005B01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Codina, Armando
Mailing Address
355 Alhambra Circle, 9th Floor
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D297-009t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Coker, Menla A.
Mailing Address
17212 Gulf Pine Circle
City: Wellington State: FL Zip Code: 33414
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D298-000801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 197283.33

11020413845

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Coker, Robert E.
Mailing Address
17212 Gulf Pine Circle
City: Wellington State: FL Zip Code: 33414
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D299-000701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Corcoran, Jessica R.
Mailing Address
7318 W. Capps Highway
City: Monticello State: FL Zip Code: 32344
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D306-009g01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Corcoran, Michael C.
Mailing Address
7318 W. Capps Highway
City: Monticello State: FL Zip Code: 32344
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D307-009f01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020941345

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 204683.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Daughton, James R.
Mailing Address
1386 Constitution Place, E.
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D336-007h01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Dean, Henry T.
Mailing Address
3116 3rd Street
City: Vero Beach State: FL Zip Code: 32968
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D337-00Hb01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Dee, Michael T.
Mailing Address
1620 S.E. 1st Street
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D338-005f01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413945

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 212183.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial)
Delegal, Mark K.
Mailing Address
3952 W. Millers Bridge Road
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D339-00B701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Deligdish, Craig
Mailing Address
815 Sanderling Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D340-000v01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Deligdish, Sharon
Mailing Address
815 Sanderling Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D341-000w01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 219483.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Derr, Frederick M.
Mailing Address
P. O. Box 2719
City: Sarasota State: FL Zip Code: 34230
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D359-009X01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Desai, Akshay M.
Mailing Address
150 2nd Avenue, N., #400
City: St. Petersburg State: FL Zip Code: 33701
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D362-003k02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Desai, Dipty S.
Mailing Address
221 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D363-007x01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 226883.33

11020413948

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Desai, Shashin R.
Mailing Address
221 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D366-007y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
DiMare, Paul
Mailing Address
P. O. Box 900460
City: Homestead State: FL Zip Code: 33090
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D370-00JM01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
DiMare, Swanee
Mailing Address
10985 Old Cutler Road
City: Miami State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D371-00JN01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413949

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 234283.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Diaco, Krista J.
Mailing Address
6409 Bayshore Blvd.
City: Tampa State: FL Zip Code: 33611
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D372-009R01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Diaco, Stephen C.
Mailing Address
6409 Bayshore Blvd.
City: Tampa State: FL Zip Code: 33611
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D373-00Yo01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Diaz, Nelson
Mailing Address
3038 Matilda Street
City: Miami State: FL Zip Code: 33133
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D374-007t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 241783.33

11020413850

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Dickinson, Jolynn
Mailing Address
29 Tahiti Beach Island
City: Coral Gables State: FL Zip Code: 33143
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D375-009s01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Dickinson, Robert
Mailing Address
29 Tahiti Beach Island
City: Coral Gables State: FL Zip Code: 33143
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D376-009r01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Diez-Arguelles, Carlos R.
Mailing Address
540 N. Semoran Blvd.
City: Orlando State: FL Zip Code: 32807
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D377-00ag01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 246783.33

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Dill, John
Mailing Address
5372 Penway Drive
City: Orlando State: FL Zip Code: 32814
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D378-004a01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Dominicis, Virginia
Mailing Address
7103 S. Flagler Drive
City: West Palm Beach State: FL Zip Code: 33405
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D387-00Up01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Dorchak, Kenneth
Mailing Address
9362 Southern Orchard Road, N.
City: Davie State: FL Zip Code: 33328
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D388-00Xa01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 833.33
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3833.33

TOTAL This Period (last page this line number only) ▶ 250616.66

11020413852

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Dover, Carol B.
Mailing Address
534 Dover Road
City: Havana State: FL Zip Code: 32333
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D397-007g01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Drasner, Fred
Mailing Address
1425 Brickell Avenue, #5E
City: Miami State: FL Zip Code: 33131
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D398-000N01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Drasner, Lora
Mailing Address
1425 Brickell Avenue, #5E
City: Miami State: FL Zip Code: 33131
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D399-000M01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413955

SUBTOTAL of Disbursements This Page (optional) ▶ 5050.00

TOTAL This Period (last page this line number only) ▶ 255666.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial)
Dudley, Charles F.
Mailing Address
534 Bobbin Brook Lane
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D401-006U01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Duffy, Sean T.
Mailing Address
1000 Venetian Way, #804
City: Miami State: FL Zip Code: 33139
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D402-003z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Dunbar, Chollet G.
Mailing Address
7335 Ox Bow Circle
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D403-00GV01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020412854

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 262966.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Dunbar, Marc W.
Mailing Address
7335 Ox Bow Circle
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D404-00GU01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Dunbar, Peter M.
Mailing Address
1857 Ox Bow Trace
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D405-00B801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Dunbar, Susan B.
Mailing Address
1857 Ox Bow Trace
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D406-00B901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 270366.66

11025135

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Edenfield, Martha J.
Mailing Address
P. O. Box 10095
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D411-00Bu01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ellis, Ronda
Mailing Address
3001 N.W. 29th Road
City: Boca Raton State: FL Zip Code: 33431
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D413-007301
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Enwright, Byron Randy
Mailing Address
6740 Visalia Place
City: Tallahassee State: FL Zip Code: 32317
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D417-00EI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 277866.66

11020413855

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Escanaverino, Eugenio
Mailing Address
140 N. Royal Poinciana Blvd.
City: Miami Springs State: FL Zip Code: 33166
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D418-00Mt01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1200.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Escanaverino, Natalie Garcia
Mailing Address
140 N. Royal Poinciana Blvd.
City: Miami Springs State: FL Zip Code: 33166
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D419-00Mu01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1200.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Euler, Ernest
Mailing Address
1143 Balmoral Way
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D420-003R01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4800.00

TOTAL This Period (last page this line number only) ▶ 282666.66

11020413857

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Euler, Tina
Mailing Address
1143 Balmoral Way
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D421-003S01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Farah, Charlie E.
Mailing Address
3657 Cathedral Cove Road
City: Jacksonville State: FL Zip Code: 32217
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D428-00Yi01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Farah, Eddie Easa
Mailing Address
4409 Catheys Club Lane
City: Jacksonville State: FL Zip Code: 32224
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D430-00LI02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 290066.66

11020413858

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Farinas, Maria I.
Mailing Address
345 N.W. 57th Court
City: Miami State: FL Zip Code: 33126
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D431-00Hg01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Favell, Judith E.
Mailing Address
27941 N. Lake Jem Road
City: Mount Dora State: FL Zip Code: 32757
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D433-00Yr01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Feingold, Barbara S.
Mailing Address
200 W. Cypress Creed Road, #500
City: Fort Lauderdale State: FL Zip Code: 33309
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D454-002Z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020941259

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 297466.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Feingold, Glen Steven
Mailing Address
347 N. New Drive, E., #2303
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D455-002c01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Feingold, Jeffrey P.
Mailing Address
200 W. Cypress Creek Road
City: Fort Lauderdale State: FL Zip Code: 33309
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D456-002a01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Feingold, Melis Melodi
Mailing Address
347 N. New Drive, E., #2303
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D457-002b01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 304666.66

11020412869

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Fernandez, Alexander
Mailing Address
121 Alhambra Plaza, #1100
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D458-00LN01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Fernandez, Constance M.
Mailing Address
1 Arvida Parkway
City: Coral Gables State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D459-009w01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Fernandez, George
Mailing Address
121 Alhambra Plaza, #1100
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D460-00LO01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020613861

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 312166.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Fernandez, Michelle E.
Mailing Address
121 Alhambra Plaza, #1100
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D461-00LM01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Fernandez, Miguel B.
Mailing Address
121 Alhambra Plaza, #1100
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D462-00A001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Fiorentino, T. Martin
Mailing Address
P. O. Box 3246
City: Ponte Vedra State: FL Zip Code: 32004
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D464-001w02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413962

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 319566.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Fisher, Marjorie S.
Mailing Address
920 N. Lake Way
City: Palm Beach State: FL Zip Code: 33480
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D467-004D01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Fisher, Steven W.
Mailing Address
3652 2nd Street, S.W.
City: Vero Beach State: FL Zip Code: 32968
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D468-00Hc01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Fox, Gregory
Mailing Address
6090 Bird Road, 1st Floor
City: Miami State: FL Zip Code: 33155
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D571-00E501
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413963

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 326966.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Fox, Jonathan
Mailing Address
10860 S.W. 88th Street
City: Miami State: FL Zip Code: 33176
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D575-00JF01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Fraga, Monica
Mailing Address
12663 S.W. 119th Path
City: Miami State: FL Zip Code: 33186
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D576-00Hf01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Frybager, Jacob
Mailing Address
2889 Berkshire Woods Terrace
City: Deltona State: FL Zip Code: 32725
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D577-00Zy01
Date of Disbursemenmt: 07 / 18 / 2011
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413265

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 332966.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Fuller, Stephen V.
Mailing Address
1040 Seminole Drive, #1463
City: Fort Lauderdale State: FL Zip Code: 33304
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D578-00Uk01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Gadodia, Gopal
Mailing Address
129 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D579-008801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Gadodia, Kalpana
Mailing Address
129 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D580-008701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413965

SUBTOTAL of Disbursements This Page (optional) ▶ 6800.00

TOTAL This Period (last page this line number only) ▶ 339766.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Gaetz, Don
Mailing Address
24 Bluewater Point
City: Niceville State: FL Zip Code: 32578
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D581-000I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Gaetz, Victoria Q.
Mailing Address
24 Bluewater Point
City: Niceville State: FL Zip Code: 32578
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D582-000J01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Garcia, Edward S.
Mailing Address
106 Via Verde Way
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D584-004S01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 346966.66

11020412866

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Garcia, Sandra H.
Mailing Address
106 Via Verde Way
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D585-004P01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Gatti, Dorothea S.
Mailing Address
2060 S. Patrick Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D596-00LQ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Gatti, Walter J.
Mailing Address
2060 S. Patrick Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D597-00LP01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413857

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 354366.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Ged, C. Glen
Mailing Address
3001 N.W. 29th Road
City: Boca Raton State: FL Zip Code: 33431
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D598-007401
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Genatt, Colleen
Mailing Address
1554 Old Cedar Swamp Road
City: Brookville State: NY Zip Code: 11545
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D601-00HH01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Genatt, Richard F.
Mailing Address
1554 Old Cedar Swamp Road
City: Brookville State: NY Zip Code: 11545
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D602-00Bz01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 361666.66

11020512968

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Gerson, Mark
Mailing Address
11 Glendale Road
City: Summit State: NJ Zip Code: 07901
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D603-000K01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Gibson, Michael
Mailing Address
11915 Kajetan Lane
City: Orlando State: FL Zip Code: 32827
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D604-008d01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Glass, Gerald Gilbert
Mailing Address
3480 Derby Lane
City: Weston State: FL Zip Code: 33331
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D605-003r01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020412969

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 368966.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Glass, Mary
Mailing Address
3480 Derby Lane
City: Weston State: FL Zip Code: 33331
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D606-003s01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Glover, Kim P.
Mailing Address
201 Waterbury Lane
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D607-008201
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Glover, Robert S.
Mailing Address
201 Waterbury Lane
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D608-008101
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 376366.66

11020413878

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Goldberg, Randy M.
Mailing Address
1101 S.W. 71st Avenue
City: Plantation State: FL Zip Code: 33317
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D609-003y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Goldberg, Vivian
Mailing Address
1101 S.W. 71st Avenue
City: Plantation State: FL Zip Code: 33317
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D610-003x01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Goldman, David L.
Mailing Address
308 Cocoanut Avenue
City: Sarasota State: FL Zip Code: 34236
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D611-008j01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413971

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 383666.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Gonzalez, Neil M.
Mailing Address
14435 S.W. 87th Avenue
City: Miami State: FL Zip Code: 33176
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D612-001801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Gordon, Lynda S.
Mailing Address
3 Grove Isle Drive, #1801
City: Coconut Grove State: FL Zip Code: 33133
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D614-000X01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Gordon, Michael S.
Mailing Address
3 Grove Isle Drive, #1801
City: Coconut Grove State: FL Zip Code: 33133
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D615-000W01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6800.00

TOTAL This Period (last page this line number only) ▶ 390466.66

11020413872

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Gordon, Robert E.
Mailing Address
6124 Wildcat Run
City: West Palm Beach State: FL Zip Code: 33412
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D616-004e01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2350.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Grainger, James R.
Mailing Address
10009 Clubhouse Drive
City: Bradenton State: FL Zip Code: 34202
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D618-009T01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Greene, Sean J.
Mailing Address
478 Savoie Drive
City: Palm Beach Gardens State: FL Zip Code: 33410
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D629-004t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413987

SUBTOTAL of Disbursements This Page (optional) ▶ 6850.00

TOTAL This Period (last page this line number only) ▶ 397316.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Griffin, John A.
Mailing Address
660 Madison Avenue
City: New York State: NY Zip Code: 10065
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D630-005501
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Gunderson, Barbara
Mailing Address
6098 Old Glory Lane
City: Neenah State: WI Zip Code: 54956
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D631-00XM01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Gunderson, Gene R.
Mailing Address
6098 Old Glory Lane
City: Neenah State: WI Zip Code: 54956
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D632-00XL01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6250.00

TOTAL This Period (last page this line number only) ▶ 403566.66

11020941979

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Haley, Myra K.
Mailing Address
154 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D634-008A01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Harris, Dewey L.
Mailing Address
490 Greenview Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D655-008401
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Harris, Shirley G.
Mailing Address
490 Greenview Road
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D656-008301
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413875

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 410866.66

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Hartman, Bernard L.
Mailing Address
831 N. Federal Highway
City: Hallandale State: FL Zip Code: 33022
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D658-004001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Hernandez, Oscar R.
Mailing Address
212 Sunbury Drive
City: Lake Worth State: FL Zip Code: 33462
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D659-003B01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Hicks, Zachary A.
Mailing Address
631 Tibidabo Avenue
City: Coral Gables State: FL Zip Code: 33143
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D665-00XW01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5650.00

TOTAL This Period (last page this line number only) ▶ 416516.66

11020413837

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Hoffman, Richard S.
Mailing Address
1075 N.E. 125th Street, #202
City: North Miami State: FL Zip Code: 33161
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D675-00Xi01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 833.33
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Holmes, Cathie J.
Mailing Address
5267 Bonwood Drive
City: Toledo State: OH Zip Code: 43623
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D676-00XK01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Holmes, Cynthia
Mailing Address
29168 East River Road
City: Perrysburg State: OH Zip Code: 43551
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D677-00XI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413877

SUBTOTAL of Disbursements This Page (optional) ▶ 5833.33

TOTAL This Period (last page this line number only) ▶ 422349.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Holmes, Michael
Mailing Address
29168 East River Road
City: Perrysburg State: OH Zip Code: 43551
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D678-00XH01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Holmes, Robert E.
Mailing Address
5267 Bonwood Drive
City: Toledo State: OH Zip Code: 43623
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D679-00XJ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Holton, James W.
Mailing Address
9373 Seminole Blvd.
City: Seminole State: FL Zip Code: 33772
Purpose of Disbursement: contribution refund
Candidate Name:
Category/ Type:
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D680-009o01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413878

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 429849.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Hosseini, Forough B.
Mailing Address
1116 Oxbridge Lane
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D682-000R01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Howse, Ronald
Mailing Address
P. O. Box 236756
City: Cocoa State: FL Zip Code: 32923
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D685-003I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Howse, Suzette V.
Mailing Address
P. O. Box 236756
City: Cocoa State: FL Zip Code: 32923
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D686-003J01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020613978

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 437049.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Huckabee, Janet
Mailing Address
1134 Silverwood Trail
City: North Little Rock State: AR Zip Code: 72116
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D687-005r01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Huizenga, Fonda
Mailing Address
450 E. Las Olas Blvd., #1500
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D688-003001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Huizenga, H. Wayne
Mailing Address
450 E. Las Olas Blvd., #1500
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D689-002z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 444249.99

11020413838

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Hurley, John M.
Mailing Address
1835 S. Ocean Blvd., #L
City: Delray Beach State: FL Zip Code: 33483
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D691-00Ud01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Husband, Warren H.
Mailing Address
P. O. Box 10909
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D692-00BB01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Iarossi, Nicholas V.
Mailing Address
4556 Grove Park Drive
City: Tallahassee State: FL Zip Code: 32311
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D711-001z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6400.00

TOTAL This Period (last page this line number only) ▶ 450649.99

11020412981

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Issenberg, S. Barry
Mailing Address
13745 N.W. 11th Street
City: Pembroke Pines State: FL Zip Code: 33028
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D718-000Y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Issenberg, Tara M.
Mailing Address
13745 N.W. 11th Street
City: Pembroke Pines State: FL Zip Code: 33028
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D719-000Z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Jallad, Johnny
Mailing Address
P. O. Box 1838
City: Winter Park State: FL Zip Code: 32790
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D730-004m01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 457849.99

11020413882

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Jallo, Jack
Mailing Address
290 Tall Oak Trail
City: Tarpon Springs State: FL Zip Code: 34688
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D731-00al01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Jallo, Ninawa
Mailing Address
290 Tall Oak Trail
City: Tarpon Springs State: FL Zip Code: 34688
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D732-00am01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Jallo, Paul
Mailing Address
290 Tall Oak Trail
City: Tarpon Springs State: FL Zip Code: 34688
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D733-00ak01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413881

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 465349.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Jerger, Sandra P.
Mailing Address
5900 98th Avenue
City: Pinellas Park State: FL Zip Code: 33782
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D734-00Bn01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Jerger, Thomas J.
Mailing Address
5900 98th Avenue
City: Pinellas Park State: FL Zip Code: 33782
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D735-00Bm01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Jimenez, Pedro L.
Mailing Address
9298 S.W. 57th Avenue
City: Pinecrest State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D739-00Bs01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 472749.99

11020413884

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Jimenez, Yamile
Mailing Address
9298 S.W. 57th Avenue
City: Pinecrest State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D740-00Bt01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Jodat, Gary
Mailing Address
800 Marbury Lane
City: Longboat Key State: FL Zip Code: 34228
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D741-008e01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Joerger, Albert G.
Mailing Address
1510 Hyde Park Street
City: Sarasota State: FL Zip Code: 34239
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D742-009b01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413885

SUBTOTAL of Disbursements This Page (optional) ▶ 5400.00

TOTAL This Period (last page this line number only) ▶ 478149.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Joerger, Pauline W.
Mailing Address
1510 Hyde Park Street
City: Sarasota State: FL Zip Code: 34239
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D743-009a01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Johnson, A. Joseph
Mailing Address
2 Point Circle
City: Little Rock State: AR Zip Code: 72205
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D746-000o01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Johnson, Elizabeth A.
Mailing Address
1402 White Star Lane
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D747-003201
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1900.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413885

SUBTOTAL of Disbursements This Page (optional) ▶ 6700.00

TOTAL This Period (last page this line number only) ▶ 484849.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Johnson, Jane H.
Mailing Address
2 Point Circle
City: Little Rock State: AR Zip Code: 72205
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D748-00Ut01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Johnson, Jon
Mailing Address
P. O. Box 10805
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D749-000F01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2450.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Jones, John Paul
Mailing Address
4544 Minden Road
City: Memphis State: TN Zip Code: 38117
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D750-00TS01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020512987

SUBTOTAL of Disbursements This Page (optional) ▶ 7450.00

TOTAL This Period (last page this line number only) ▶ 492299.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Jones, Paul T.
Mailing Address
92 Harbor Drive
City: Greenwich State: CT Zip Code: 06830
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D751-00EL01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Jones, Robert Todd
Mailing Address
2435 Concord Creek Trail
City: Cumming State: GA Zip Code: 30041
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D752-006k01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Jones, Sandra S.
Mailing Address
4544 Minden Road
City: Memphis State: TN Zip Code: 38117
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D753-00TR01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 499699.99

11020513888

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Jones, Sonia M.
Mailing Address
92 Harbor Drive
City: Greenwich State: CT Zip Code: 06830
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D754-00EK01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Jones, Tracey
Mailing Address
2435 Concord Creek Trail
City: Cumming State: GA Zip Code: 30041
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D755-006I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Kadre, Manuel
Mailing Address
5345 Hammock Drive
City: Coral Gables State: FL Zip Code: 33156
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D757-00Bp01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413988

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 507099.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Kaplan, Rina

Mailing Address
3241 N. 36th Street

City: Hollywood State: FL Zip Code: 33021

Purpose of Disbursement: contribution refund

Candidate Name

Category/ Type

Office Sought: State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify):

Transaction ID: D770-00YD01
Date of Disbursemenmt: 08 / 22 / 2011

Amount of Each Disbursement this Period: 250.00

☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Kargar, Morteza Hosseini

Mailing Address
2379 Belville Road

City: Daytona Beach State: FL Zip Code: 32119

Purpose of Disbursement: contribution refund

Candidate Name

Category/ Type

Office Sought: State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify):

Transaction ID: D771-000Q01
Date of Disbursemenmt: 08 / 22 / 2011

Amount of Each Disbursement this Period: 2400.00

☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Kargar, Nellie H.

Mailing Address
762 Cobblestone Way

City: Ormond Beach State: FL Zip Code: 32174

Purpose of Disbursement: contribution refund

Candidate Name

Category/ Type

Office Sought: State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify):

Transaction ID: D772-000P01
Date of Disbursemenmt: 08 / 22 / 2011

Amount of Each Disbursement this Period: 2400.00

☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11029412869

SUBTOTAL of Disbursements This Page (optional) ▶ 5050.00

TOTAL This Period (last page this line number only) ▶ 512149.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Karp, Stephen R.
Mailing Address
1 Wells Avenue
City: Newton State: MA Zip Code: 02459
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D773-007k01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Katz, Rafael I.
Mailing Address
2711 N.E. 9th Court
City: Pompano Beach State: FL Zip Code: 33062
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D774-00II01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2350.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Keiser, Arthur
Mailing Address
6069 N.W. 87th Avenue
City: Parkland State: FL Zip Code: 33067
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D775-00W801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11029412891

SUBTOTAL of Disbursements This Page (optional) ▶ 7150.00

TOTAL This Period (last page this line number only) ▶ 519299.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Keiser, Belinda
Mailing Address
6069 N.W. 87th Avenue
City: Parkland State: FL Zip Code: 33067
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D776-003601
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Kellam, Josh David Freer
Mailing Address
9105 Ducale Way, #304
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D777-004R01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
King, Francis E.
Mailing Address
4817 W. Woodmere Road
City: Tampa State: FL Zip Code: 33609
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D778-00GZ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413892

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 526599.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Kirtley, John
Mailing Address
339 S. Plant Avenue
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D779-000B01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Kirtley, Kimberly
Mailing Address
339 S. Plant Avenue
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D780-000C01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Klepach, Bernard
Mailing Address
P. O. Box 380758
City: Miami State: FL Zip Code: 33238
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D782-00Zz01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413803

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 533899.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

PAGE 78 OF 145

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Klepach, Juliette M.
Mailing Address
P. O. Box 380758
City: Miami State: FL Zip Code: 33238
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D783-00a001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Knight, Janelle L.
Mailing Address
110 S. Florida Avenue
City: Wauchula State: FL Zip Code: 33873
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D785-000I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Koebel, Debra M.
Mailing Address
2311 Bayview Lane
City: North Miami State: FL Zip Code: 33181
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D786-00A401
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 541199.99

11020413894

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 79 OF 145

☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Kompothecras, Elizabeth
Mailing Address
738 Edgemere Lane
City: Sarasota State: FL Zip Code: 34242
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D787-009Z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Kompothecras, Gary
Mailing Address
P. O. Box 25368
City: Sarasota State: FL Zip Code: 34277
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D788-009W01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Korman, Howard I.
Mailing Address
P. O. Box 959
City: Orange Park State: FL Zip Code: 32067
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D789-008K01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413995

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 548499.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
LaFace, Ronald C.
Mailing Address
1110 Lothian Drive
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D791-001y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 900.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Lambert, Mary E.
Mailing Address
7360 S. Serenoa Drive
City: Sarasota State: FL Zip Code: 34241
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D792-00L801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lambert, Michael T.
Mailing Address
7360 S. Serenoa Drive
City: Sarasota State: FL Zip Code: 34241
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D793-00L901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5700.00

TOTAL This Period (last page this line number only) ▶ 554199.99

11020412995

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Lance, Christine P.
Mailing Address
245 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D794-002T01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Lance, Howard L.
Mailing Address
245 Lansing Island Drive
City: Indian Harbour Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D795-002S01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Landau, Todd
Mailing Address
2121 N.E. 207th Street
City: Miami State: FL Zip Code: 33179
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D796-00Hr01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6300.00

TOTAL This Period (last page this line number only) ▶ 560499.99

11020413897

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Landman, Alan H.
Mailing Address
400 S. Riverside Drive
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D797-007z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Lawson, David A.
Mailing Address
279 Pine Needle Circle
City: Gaston State: SC Zip Code: 29053
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D804-000d01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lawson, Mildred B.
Mailing Address
279 Pine Needle Circle
City: Gaston State: SC Zip Code: 29053
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D805-00V101
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 567899.99

11020211838

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Lawson, Sandra J.
Mailing Address
1291 Hulon Circle
City: West Columbia State: SC Zip Code: 29169
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D806-00V201
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Lazega, Russel
Mailing Address
451 Poinciana Island Drive
City: Sunny Isles Beach State: FL Zip Code: 33160
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D808-00XX01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Lieberman, Larry P.
Mailing Address
1605 Main Street, #606
City: Sarasota State: FL Zip Code: 34236
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D818-009Y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411899

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 575399.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Ligocki, Paul B.
Mailing Address
25642 Cresta Loma
City: Laguna Niguel State: CA Zip Code: 92677
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D819-00Ux01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ligori, Christopher N.
Mailing Address
4420 W. Clear Avenue
City: Tampa State: FL Zip Code: 33629
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D820-008f01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lindholm, Wayne
Mailing Address
25 Vista Montemar
City: Laguna Niguel State: CA Zip Code: 92677
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D821-00Uy01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 581399.99

11020413900

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Llanes, Lilia
Mailing Address
711 Biltmore Way, #602
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D822-009x01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Logan, Peter R.
Mailing Address
4584 35th Avenue Circle
City: Palmetto State: FL Zip Code: 34221
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D823-00Fu01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lopez, Carlos A.
Mailing Address
2333 Brickell Avenue, #3301
City: Miami State: FL Zip Code: 33129
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D825-00XQ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413901

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 588899.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Mantena, Rama R.
Mailing Address
214 Bear's Club Drive
City: Jupiter State: FL Zip Code: 33477
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D827-00Bk01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Marino, Stephen A.
Mailing Address
100 S.E. 2nd Street, #3000
City: Miami State: FL Zip Code: 33131
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D828-009C01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Markowitz, Carla
Mailing Address
3936 Doral Drive
City: Tampa State: FL Zip Code: 33634
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D829-00Yd01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413902

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 596299.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Maury, Albert
Mailing Address
P. O. Box 652604
City: Miami State: FL Zip Code: 33265
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D837-00HJ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Mazik, Kenneth
Mailing Address
4185 Kirkwood St. Georges Street
City: Bear State: DE Zip Code: 19701
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D838-00Yu01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
McGee, Wallace Gene
Mailing Address
215 S. Monroe Street, #306
City: Tallahassee State: FL Zip Code: 32303
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D852-00GJ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 603799.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
McGinley, Cuyler R.
Mailing Address
4503 Cresta Babia
City: San Clemente State: CA Zip Code: 92673
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D853-004F01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
McGrath, Robert L.
Mailing Address
10002 S.E. Mahogany Way
City: Tequesta State: FL Zip Code: 33469
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D854-004K01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
McIntyre, Brett J.
Mailing Address
7809 Charleston Drive
City: Bethesda State: MD Zip Code: 20817
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D855-00Ys01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 610999.99

11029611904

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
McKenna, Kenneth J.
Mailing Address
3535 Lake Sarah Drive
City: Orlando State: FL Zip Code: 32804
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D856-008o01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
McWilliams, Donna
Mailing Address
2666 Lowell Circle
City: Melbourne State: FL Zip Code: 32935
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D857-001R01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
McWilliams, Tim
Mailing Address
2666 Lowell Circle
City: Melbourne State: FL Zip Code: 32935
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D858-001Q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 618299.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Medel, Roger J.
Mailing Address
3035 Sorrel Court
City: Weston State: FL Zip Code: 33331
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D861-00A201
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Medel, Virginia B.
Mailing Address
3035 Sorrel Court
City: Weston State: FL Zip Code: 33331
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D862-00A301
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Medlin, Reginald Paul
Mailing Address
P. O. Box 6820
City: Myrtle Beach State: SC Zip Code: 29572
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D863-007c01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020813696

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 625699.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Mendoza, Noel
Mailing Address
385 W. 53rd Terrace
City: Hialeah State: FL Zip Code: 33012
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D866-00Zw01
Date of Disbursemenmt: 07 / 18 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Merricks, Carol Ann
Mailing Address
9532 Venturi Drive
City: Trinity State: FL Zip Code: 34655
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D867-00Yj01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Metz, Sherry R.
Mailing Address
7625 Skipper Lane
City: Tallahassee State: FL Zip Code: 32317
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D868-007e01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413007

SUBTOTAL of Disbursements This Page (optional) ▶ 5250.00

TOTAL This Period (last page this line number only) ▶ 630949.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Metz, Stephen W.
Mailing Address
215 S. Monroe Street, #505
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D869-007f01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Meyerson, Joel J.
Mailing Address
4701 Pine Tree Drive
City: Miami Beach State: FL Zip Code: 33140
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D870-00E201
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Meyerson, Tamara Fox
Mailing Address
4701 Pine Tree Drive
City: Miami Beach State: FL Zip Code: 33140
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D871-00E301
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7250.00

TOTAL This Period (last page this line number only) ▶ 638199.99

11020413008

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)
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☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Mills, Belen C.
Mailing Address
P. O. Box 20023
City: Tallahassee State: FL Zip Code: 32316
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D877-004E01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Mitnik, Keith R.
Mailing Address
6630 Lake Emma Road
City: Groveland State: FL Zip Code: 34736
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D881-004Z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Montoya, Marnie
Mailing Address
3560 Big Pine Road
City: Melbourne State: FL Zip Code: 32934
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D884-008001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413909

SUBTOTAL of Disbursements This Page (optional) ▶ 5400.00

TOTAL This Period (last page this line number only) ▶ 643599.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Morgan, Larry C.
Mailing Address
11 Baymont Street, #1504
City: Clearwater Beach State: FL Zip Code: 33767
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D885-002Y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Moya, Christopher R.
Mailing Address
6276 Whittendale Drive
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D887-00GI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Moyer, Leslie M.
Mailing Address
P. O. Box 1222
City: Anthony State: FL Zip Code: 32617
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D888-00GW01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 650999.99

11020413910

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Moyer, Patrick J.
Mailing Address
P. O. Box 1222
City: Anthony State: FL Zip Code: 32617
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D889-00GR01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Neal, Charlene Jo
Mailing Address
1003 59th Street, N.W.
City: Bradenton State: FL Zip Code: 34209
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D891-007p01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Neal, John A.
Mailing Address
8210 Lakewood Ranch Blvd.
City: Lakewood Ranch State: FL Zip Code: 34202
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D892-00TW01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 658399.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Neal, Michael
Mailing Address
101 California Street, #1950
City: San Francisco State: CA Zip Code: 94111
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D893-009S01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Neal, Patrick K.
Mailing Address
8210 Lakewood Ranch Blvd.
City: Bradenton State: FL Zip Code: 34202
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D894-007q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Newman, Brian
Mailing Address
4000 Brandon Hill Drive
City: Tallahassee State: FL Zip Code: 32309
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D903-00Bv01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413912

SUBTOTAL of Disbursements This Page (optional) ▶ 5400.00

TOTAL This Period (last page this line number only) ▶ 663799.99

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)
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☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Nickelson, Donald E.
Mailing Address
1701 Highway A1A, #218
City: Vero Beach State: FL Zip Code: 32963
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D904-00Sj01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Oberndorf, William E.
Mailing Address
591 Redwood Highway, #3215
City: Mill Valley State: CA Zip Code: 94941
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D914-005701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Olivera, Armando J.
Mailing Address
712 San Esteban Avenue
City: Coral Gables State: FL Zip Code: 33146
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D922-004H01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6300.00

TOTAL This Period (last page this line number only) ▶ 670099.99

11020413013

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Pajcic, Seth A.
Mailing Address
3536 Saint Johns Avenue
City: Jacksonville State: FL Zip Code: 32205
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D942-004V01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 100.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Pak, Eun Bee
Mailing Address
322 Lanternback Island Drive
City: Satellite Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D943-00Lt01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Pak, Sam H.
Mailing Address
322 Lanternback Island Drive
City: Satellite Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D944-00Lu01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5100.00

TOTAL This Period (last page this line number only) ▶ 675199.99

11020911914

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Parello, Raymond
Mailing Address
16047 Collins Avenue, #1903
City: Sunny Isles Beach State: FL Zip Code: 33160
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D948-00E901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Parker, Tony J.
Mailing Address
31 Sundunes Circle
City: Ponce Inlet State: FL Zip Code: 32127
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D950-007d01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Parnell, Polly
Mailing Address
15401 Fenton Place
City: Tampa State: FL Zip Code: 33647
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D955-00aq01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413915

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 682399.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Parnell, Thomas E.
Mailing Address
15401 Fenton Place
City: Tampa State: FL Zip Code: 33647
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D956-00ap01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Parrillo, Beau
Mailing Address
1313 N.W. 167th Street
City: Miami Gardens State: FL Zip Code: 33167
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D957-00Lm01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Parrillo, Michelea
Mailing Address
1313 N.W. 167th Street
City: Miami Gardens State: FL Zip Code: 33169
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D958-004401
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413016

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 689699.99

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)
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- [ ] 17
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- [ ] 18
- [ ] 20b
- [ ] 19a
- [ ] 20c
- [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Parrillo, Richard P.
Mailing Address
1313 N.W. 167th Street
City: Miami Gardens
State: FL
Zip Code: 33169
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D959-004501
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Paul-Hus, Colleen A.
Mailing Address
333 Las Olas Way, #3005
City: Fort Lauderdale
State: FL
Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D960-004O01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Paul-Hus, Eric
Mailing Address
8728 Wellington View Drive
City: West Palm Beach
State: FL
Zip Code: 33411
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D961-009E01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 696899.99

11020411017

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Paul-Hus, Richard G.
Mailing Address
333 Las Olas Way, #3005
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D962-004N01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Payas, Armando R.
Mailing Address
10 N. Summerlin Avenue, #23
City: Orlando State: FL Zip Code: 32801
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D963-00Zf01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Perlin, Jared T.
Mailing Address
17308 White Haven Drive
City: Boca Raton State: FL Zip Code: 33496
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D965-00Dy01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 704299.99

11020413918

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Petway, Thomas F.
Mailing Address
375 Atlantic Boulevard, #200
City: Atlantic Beach State: FL Zip Code: 32233
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D966-001x01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Piloto, Roman
Mailing Address
327 S.W. 2nd Avenue
City: Florida City State: FL Zip Code: 33034
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1007-00Kf01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 700.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Pimentel, Armando
Mailing Address
8608 S.E. Merritt Way
City: Jupiter State: FL Zip Code: 33458
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1008-004J01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶ 709799.99

11020411910

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Pitisci, Pamela Jane
Mailing Address
609 E. Jackson Street, #100
City: Tampa State: FL Zip Code: 33602
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1009-00Yk01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Poarch Creek Indians
Mailing Address
5811 Jack Springs Road
City: Atmore State: AL Zip Code: 36503
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1013-00FL01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Pruitt, Kenneth P.
Mailing Address
3032 S.W. Collings Drive
City: Port St. Lucie State: FL Zip Code: 34953
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1025-001801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413920

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 717199.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Prysock, Gregory D.
Mailing Address
1408 Moss Creek Drive
City: Jacksonville State: FL Zip Code: 32225
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1026-006c01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Quilty, Michael J.
Mailing Address
1 Surrey Lane
City: Rockville Centre State: NY Zip Code: 11570
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1039-009j01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Read, Benjiman D.
Mailing Address
1232 Stonehurst Way
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1045-00ac01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413921

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 723199.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Read, Donald B.
Mailing Address
16069 N.W. Lakeside Lane
City: Bristol State: FL Zip Code: 32321
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1046-00ab01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Renfro, Mary R.
Mailing Address
642 Doral Lane
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1049-003P01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Renfro, Robert M.
Mailing Address
642 Doral Lane
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1050-003Q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 730499.99

11020413922

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)
[ ] 17 [ ] 18 [ ] 19a
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Reynolds, Donnie G.
Mailing Address
1200 N.W. 161st Avenue
City: Pembroke Pines State: FL Zip Code: 33028
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1070-003v01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Reynolds, Julia
Mailing Address
1200 N.W. 161st Avenue
City: Pembroke Pines State: FL Zip Code: 33028
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1071-003w01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Richey, James H.
Mailing Address
206 Riverside Drive
City: Melbourne Beach State: FL Zip Code: 32951
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1072-008601
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 737699.99

11020413923

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)
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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Rico, Isabel
Mailing Address
16021 W. Troon Circle
City: Miami Lakes State: FL Zip Code: 33014
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1073-009z01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Rico, Jorge Luis
Mailing Address
16021 W. Troon Circle
City: Miami Lakes State: FL Zip Code: 33014
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1074-009y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Rimes, James
Mailing Address
P. O. Box 10248
City: Tallahassee State: FL Zip Code: 32302
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1075-00BI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413925

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 745199.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Rivard, Adrien A.
Mailing Address
P. O. Box 461
City: Panama City State: FL Zip Code: 32402
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1076-002q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Rivard, Nicole
Mailing Address
P. O. Box 461
City: Panama City State: FL Zip Code: 32402
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1077-002r01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Roberts, Lisa K.
Mailing Address
15079 N.W. 141st Court
City: Williston State: FL Zip Code: 32696
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1079-00GT01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411925

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 752499.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Roberts, Thomas M.
Mailing Address
15079 N.W. 141st Court
City: Williston State: FL Zip Code: 32696
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1080-00GS01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Robins, Craig
Mailing Address
3841 N.E. 2nd Avenue, #400
City: Miami State: FL Zip Code: 33137
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1081-00EB01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Robo, James L.
Mailing Address
15100 Palmwood Road
City: Palm Beach Gardens State: FL Zip Code: 33410
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1082-004I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020813026

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 759699.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Rodriguez, Raul
Mailing Address
14101 Commerce Way
City: Miami Lakes State: FL Zip Code: 33016
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1083-00ao01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Romanik, David S.
Mailing Address
P. O. Box 650
City: Oxford State: FL Zip Code: 34484
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1084-00GO01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Rooney, Patrick J.
Mailing Address
1111 N. Congress Avenue
City: West Palm Beach State: FL Zip Code: 33409
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1085-007K01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 767199.99

11020413927

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Rooney, Sandra
Mailing Address
2929 Marys Way
City: Palm Beach Gardens State: FL Zip Code: 33410
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1086-00XD01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ross, Diane
Mailing Address
12029 Orange Grove Drive
City: Tampa State: FL Zip Code: 33618
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1094-00aw01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Ross, Stephen M.
Mailing Address
702 N. County Road
City: Palm Beach State: FL Zip Code: 33480
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1095-005F01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 774699.99

11020413928

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Rottenberg, Jason L.
Mailing Address
2601 Rose Isle Circle
City: Orlando State: FL Zip Code: 32803
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1097-004v01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Rottenberg, Stephanie B.
Mailing Address
2601 Rose Isle Circle
City: Orlando State: FL Zip Code: 32803
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1098-004w01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Roy, Warren
Mailing Address
401 W. Atlantic Avenue
City: Delray Beach State: FL Zip Code: 33444
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1099-00WI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411929

SUBTOTAL of Disbursements This Page (optional) ▶ 5050.00

TOTAL This Period (last page this line number only) ▶ 779749.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Ruddy, Christopher W.
Mailing Address
1120 Bear Island Drive
City: West Palm Beach State: FL Zip Code: 33409
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1101-00BI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Rush, Carol C.
Mailing Address
P. O. Box 80298
City: Baton Rouge State: LA Zip Code: 70898
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1102-005q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Rush, James Adam
Mailing Address
P. O. Box 80298
City: Baton Rouge State: LA Zip Code: 70898
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1103-005p01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413230

SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00

TOTAL This Period (last page this line number only) ▶ 786849.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Ruth, Marjorie
Mailing Address
423 Fan Palm Court, N.E.
City: St. Petersburg State: FL Zip Code: 33703
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1104-00YW01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ruth, Steven C.
Mailing Address
423 Fan Palm Court, N.E.
City: St. Petersburg State: FL Zip Code: 33703
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1105-00YR01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Saben, Adam E.
Mailing Address
1670 Bay Road, #3G
City: Miami Beach State: FL Zip Code: 33139
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1106-00Hz01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 792849.99

11020411021

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Salmon, Cena
Mailing Address
10 Stockton Drive
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1113-00Ls01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Salmon, Mark
Mailing Address
10 Stockton Drive
City: Merritt Island State: FL Zip Code: 32952
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1114-00Lr01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Sanadi, Nabil El
Mailing Address
5100 N. Ocean Blvd, #518
City: Fort Lauderdale State: FL Zip Code: 33308
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1115-00V001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶ 798349.99

11020413932

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Scaringe, Robert
Mailing Address
6191 Anchor Lane
City: Rockledge State: FL Zip Code: 32955
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1117-003501
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Schutt, L. Peter
Mailing Address
10344 Twin Bridges Cove
City: Eads State: TN Zip Code: 38028
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1118-00Sr01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Schutt, Leslie D.
Mailing Address
10344 Twin Bridges Cove
City: Eads State: TN Zip Code: 38028
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1119-00Sq01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 805749.99

11020413251

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Scott, Chase Martin
Mailing Address
271 Coconut Palm Road
City: Boca Raton State: FL Zip Code: 33432
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1120-00BZ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Scott, Rebecca J.
Mailing Address
251 W. Coconut Palm Road
City: Boca Raton State: FL Zip Code: 33432
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1121-00Bc01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Scott, Steven M.
Mailing Address
251 W. Coconut Palm Road
City: Boca Raton State: FL Zip Code: 33432
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1122-00Bb01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 812949.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Shepard, Kellie
Mailing Address
8060 Kingswood Way
City: Melbourne State: FL Zip Code: 32940
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1156-008901
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Silagy, Eric E.
Mailing Address
134 Grand Palm Way
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1157-004G01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Slattery, Christopher J.
Mailing Address
6265 Aventura Drive
City: Sarasota State: FL Zip Code: 34241
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1158-001A01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413935

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 820249.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Slattery, Diane L.
Mailing Address
8150 Perry Maxwell Circle
City: Sarasota State: FL Zip Code: 34240
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1159-007i01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Slattery, James F.
Mailing Address
8150 Perry Maxwell Circle
City: Sarasota State: FL Zip Code: 34240
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1160-001B01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Slattery, Mike H.
Mailing Address
4411 Bee Ridge Road, #190
City: Sarasota State: FL Zip Code: 34233
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1161-00L601
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411926

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 827449.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Slattery, Stacy L.
Mailing Address
538 Silk Oak Drive
City: Venice State: FL Zip Code: 34293
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1162-00L701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Slawson, Richard W.
Mailing Address
2401 PGA Boulevard, #140
City: Palm Beach Gardens State: FL Zip Code: 33410
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1163-002h01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Smith, Carole C.
Mailing Address
10300 McCraken Road
City: Tallahassee State: FL Zip Code: 32309
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1165-007Q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 834749.99

11020413937

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Smith, Edward T.
Mailing Address
922 S.W. 36th Avenue
City: Boynton Beach State: FL Zip Code: 33435
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1166-00WP01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Smith, James C.
Mailing Address
10300 McCraken Road
City: Tallahassee State: FL Zip Code: 32309
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1167-007P01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Soffer, Donald M.
Mailing Address
19501 Biscayne Blvd., #400
City: Aventura State: FL Zip Code: 33180
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1168-00EC01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020411298

SUBTOTAL of Disbursements This Page (optional) ▶ 6800.00

TOTAL This Period (last page this line number only) ▶ 841549.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Soffer, Jacquelyn
Mailing Address
19501 Biscayne Blvd., #400
City: Aventura State: FL Zip Code: 33180
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1169-00E701
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Soffer, Jeffrey
Mailing Address
19950 W. Country Club Drive
City: Aventura State: FL Zip Code: 33180
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1170-00E801
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Someillan, Elsa G.
Mailing Address
501 Sevilla Avenue
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1171-00Hh01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413020

SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00

TOTAL This Period (last page this line number only) ▶ 848649.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Someillan, Guillermo G.
Mailing Address
6240 S.W. 33rd Street
City: Miami State: FL Zip Code: 33155
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1172-00He01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Spearman, Ashley
Mailing Address
2050 Trescott Drive
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1179-00bw01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Spearman, Callena R.
Mailing Address
2050 Trescott Drive
City: Tallahassee State: FL Zip Code: 32308
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1180-00bx01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413049

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 856149.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Spearman, Delores O.
Mailing Address
51 Ridge Court
City: Rockledge State: FL Zip Code: 32955
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1181-002s01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Spearman, Guy M.
Mailing Address
516 Delannoy Avenue
City: Cocoa State: FL Zip Code: 32922
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1182-002t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Speer, George G.
Mailing Address
5139 Magnolia Bay Circle
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1183-004Q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413941

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 863349.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Steinger, Michael
Mailing Address
300 Charroux Drive
City: Palm Beach Gardens State: FL Zip Code: 33410
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1198-004I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Stone, Gary
Mailing Address
118 Greentree Road
City: Sherwood State: AR Zip Code: 72120
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1199-000n01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Stone, Glenda
Mailing Address
1420 E. Woodruff Road
City: Sherwood State: AR Zip Code: 72120
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1200-00Uu01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020613042

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 870649.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Stork, Carmen N.
Mailing Address
2900 59th Avenue
City: Vero Beach State: FL Zip Code: 32966
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1201-000G01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Stork, Michael L.
Mailing Address
2230 Howell Lane
City: Malabar State: FL Zip Code: 32950
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1202-007v01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Stork, Nicole
Mailing Address
1045 34th Avenue, S.W.
City: Vero Beach State: FL Zip Code: 32968
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1203-007w01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 878049.99

11020413947

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Stork, Robert W.
Mailing Address
2900 59th Avenue
City: Vero Beach State: FL Zip Code: 32966
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1204-000H01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Strochak, Kenneth A.
Mailing Address
P. O. Box 3146
City: Miami State: FL Zip Code: 33243
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1205-00Bq01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Strochak, Vicki
Mailing Address
441 N.E. 13th Avenue
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1206-00Br01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 885449.99

11020413944

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Sutton, Fred E.
Mailing Address
340 Lanternback Island Drive
City: Satellite Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1224-002U01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Sutton, Meredith M.
Mailing Address
340 Lanternback Island Drive
City: Satellite Beach State: FL Zip Code: 32937
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1225-002V01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Swartz, Bonita S.
Mailing Address
51 Bermuda Lake Drive
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1226-00XF01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413945

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 892749.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Swartz, James H.
Mailing Address
51 Bermuda Lake Drive
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1227-00XG01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Sweezy, Lewis V.
Mailing Address
1817 S.E. 7th Street
City: Fort Lauderdale State: FL Zip Code: 33316
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1228-00Vs01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Swope, Dale M.
Mailing Address
1234 E. 5th Avenue
City: Tampa State: FL Zip Code: 33605
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1229-009201
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020412946

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 900249.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Tabernilla, Armando A.
Mailing Address
213 E. Lakewood Road
City: West Palm Beach State: FL Zip Code: 33405
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1235-003C01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Tejedor, Bonifacio L.
Mailing Address
3131 W. Burke Street
City: Tampa State: FL Zip Code: 33614
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1239-00ZT01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Tejedor, Maleina
Mailing Address
3131 W. Burke Street
City: Tampa State: FL Zip Code: 33614
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1240-00Ze01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6250.00

TOTAL This Period (last page this line number only) ▶ 906499.99

11020413947

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Tejedor, Maria C.
Mailing Address
4230 Lower Park Road
City: Orlando State: FL Zip Code: 32814
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1241-00Zd01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Tejedor, Maria D.
Mailing Address
4230 Lower Park Road
City: Orlando State: FL Zip Code: 32814
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1242-00Zc01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Thornton, Barbara U.
Mailing Address
8572 Lansmere Lane
City: Orlando State: FL Zip Code: 32835
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1247-00LD01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2450.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413948

SUBTOTAL of Disbursements This Page (optional) ▶ 7450.00

TOTAL This Period (last page this line number only) ▶ 913949.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Thornton, Harkley R.
Mailing Address
4403 Willow Shade Court
City: Orlando State: FL Zip Code: 32835
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1249-000D02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Thornton, Haywood R.
Mailing Address
8572 Lansmere Lane
City: Orlando State: FL Zip Code: 32835
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1250-00LE01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2450.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Thornton, Stacy J.
Mailing Address
4403 Willow Shade Court
City: Orlando State: FL Zip Code: 32835
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1252-000E02
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413949

SUBTOTAL of Disbursements This Page (optional) ▶ 7450.00

TOTAL This Period (last page this line number only) ▶ 921399.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Tober, Robert B.
Mailing Address
2240 Southwinds Drive
City: Naples State: FL Zip Code: 34102
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1257-000f01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Tokarz, Charles
Mailing Address
4721 Oak Run Drive
City: Sarasota State: FL Zip Code: 34243
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1259-009Q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Trammer, James N.
Mailing Address
9575 Oviedo Street
City: San Diego State: CA Zip Code: 92129
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1263-00Um01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020941950

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 928899.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Tsamoutales, Frank M.
Mailing Address
669 Franklyn Avenue
City: Indialantic State: FL Zip Code: 32903
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1267-004T01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Tunnicliff, Cynthia S.
Mailing Address
121 N. Monroe Street, #1107
City: Tallahassee State: FL Zip Code: 32301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1271-00BA01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Turner, L. Henry
Mailing Address
11 Muscogee Way, N.E.
City: Atlanta State: GA Zip Code: 30305
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1272-00XN01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413951

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 936199.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Tuvlin, David
Mailing Address
31 Shields Road
City: Darien State: CT Zip Code: 06820
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1273-00GY01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Tyner, Suzanne E.
Mailing Address
997 S. Ocean Blvd.
City: Delray Beach State: FL Zip Code: 33483
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1274-002x01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Uiterwyk, Hendrik
Mailing Address
900 W. Platt Street
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1290-00JH01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413952

SUBTOTAL of Disbursements This Page (optional) ▶ 7400.00

TOTAL This Period (last page this line number only) ▶ 943599.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Underwood, Katherine
Mailing Address
1117 Ponte Vedra Blvd.
City: Ponte Vedra Beach | State: FL | Zip Code: 32082
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1291-00av01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Underwood, Kenneth
Mailing Address
1117 Ponte Vedra Blvd.
City: Ponte Vedra Beach | State: FL | Zip Code: 32082
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1292-00au01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Urlich, Sylvia
Mailing Address
2500 S.W. 75th Avenue
City: Miami | State: FL | Zip Code: 33155
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1330-00E401
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 951099.99

11020411955

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Verrastro, Michael
Mailing Address
5732 Whistler Circle
City: Huntington Beach State: CA Zip Code: 92649
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1342-00Us01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Vidueira, Carlos E.
Mailing Address
411 N. New River Drive, E., #301
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1344-002y01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Waheed, Aamir
Mailing Address
314 Alexandra Woods Drive
City: Debary State: FL Zip Code: 32713
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1353-007a01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 958399.99

11020413954

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Walsh, Bernard F.
Mailing Address
1211 Gulf of Mexico Drive, #904
City: Longboat Key State: FL Zip Code: 34228
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1360-00JI01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Watkins, Nancy
Mailing Address
1903 Bayshore Blvd.
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1363-009i01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Watkins, Robert I.
Mailing Address
1903 Bayshore Blvd.
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1364-009h01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413955

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 964399.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Wester, Gerald C.
Mailing Address
7085 Ox Bow Road
City: Tallahassee State: FL Zip Code: 32312
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1378-002101
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 900.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
White, Allison H.
Mailing Address
136 Woodmont Way
City: Ridgeland State: MS Zip Code: 39157
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1379-00Uh01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
White, Guy H.
Mailing Address
136 Woodmount Way
City: Ridgeland State: MS Zip Code: 39157
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1380-000u01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413955

SUBTOTAL of Disbursements This Page (optional) ▶ 5700.00

TOTAL This Period (last page this line number only) ▶ 970099.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
White, Neel
Mailing Address
4220 River Garden Trail
City: Austin State: TX Zip Code: 78746
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1381-005001
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
White, Pam M.
Mailing Address
4220 River Garden Trail
City: Austin State: TX Zip Code: 78746
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1382-00Ui01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Whitley, Laura
Mailing Address
4315 W. Beachway Drive
City: Tampa State: FL Zip Code: 33609
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1383-00Kn01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413957

SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00

TOTAL This Period (last page this line number only) ▶ 977199.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Whitley, Scott M.
Mailing Address
201 N. Franklin Street, 7th Floor
City: Tampa State: FL Zip Code: 33602
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1384-006j01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Wierdsma, Ann
Mailing Address
2315 Date Palm Road
City: Boca Raton State: FL Zip Code: 33432
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1385-00Uv01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Wierdsma, Thomas M.
Mailing Address
2315 Date Palm Road
City: Boca Raton State: FL Zip Code: 33432
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1386-00Uw01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 1250.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4900.00

TOTAL This Period (last page this line number only) ▶ 982099.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A.
Full Name (Last, First, Middle Initial)
Winter, William H.
Mailing Address
601 W. Swann Avenue
City: Tampa | State: FL | Zip Code: 33606
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1391-00YT01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Young, Melissa Geneva
Mailing Address
3327 Gables Drive, N.E.
City: Atlanta | State: GA | Zip Code: 30319
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1396-002E01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Youngblood, Samuel C.
Mailing Address
12903 Delivery Drive
City: San Antonio | State: TX | Zip Code: 78247
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1397-000t01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2300.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

TOTAL This Period (last page this line number only) ▶ 989299.99

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial)
Zimmerman, Paul M.
Mailing Address
325 E. San Marino Drive
City: Miami Beach State: FL Zip Code: 33139
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1400-003p01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Zimmerman, Rachel L.
Mailing Address
325 E. San Marino Drive
City: Miami Beach State: FL Zip Code: 33139
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1401-003q01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Zoley, Donna P.
Mailing Address
828 Solar Isle Drive
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1402-00UY01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 7300.00

TOTAL This Period (last page this line number only) ▶ 996599.99

11020413960

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)
☐ 17 ☐ 18 ☐ 19a
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Zoley, George C.
Mailing Address
828 Solar Isle Drive
City: Fort Lauderdale State: FL Zip Code: 33301
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1403-00UZ01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
de la Pedraja, Osvaldo
Mailing Address
2850 Douglas Road, 3rd Floor
City: Coral Gables State: FL Zip Code: 33134
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D1405-009m01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 1001599.99

11020413961

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)
☐ 17 ☐ 18 ☐ 19a ☐ 20a ☐ 20b ☒ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial)
Associations, Inc. PAC
Mailing Address
5401 N. Central Expressway, #300
City: Dallas State: TX Zip Code: 75205
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D79-009F01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
A. Duda and Sons, Inc. PAC
Mailing Address
P. O. Box 620257
City: Oviedo State: FL Zip Code: 32762
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D400-003I01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
OSI Restaurant Partners, LLC PAC
Mailing Address
2202 N. Westshore Blvd., 5th Floor
City: Tampa State: FL Zip Code: 33607
Purpose of Disbursement: contribution refund
Candidate Name
Category/ Type
Office Sought: State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify):
Transaction ID: D913-003o01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 5000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020413962

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 10000.00

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 2 OF 2

☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☒ 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

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

Mailing Address
1600 N.W. 163rd Street

City: Miami State: FL Zip Code: 33169

Purpose of Disbursement
contribution refund

Candidate Name

Category/ Type

Office Sought: ☐ ☐ ☐
State: District:

Disbursement For:
☐ Primary ☒ General
☐ Other (specify): ▼

Transaction ID: D1177-000i01
Date of Disbursemenmt
M M 08 / D D 22 / Y Y Y Y 2011

Amount of Each Disbursement this Period
5000.00

☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

11020417962

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 15000.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
[ ] 9
[X] 10

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Timothy Philpot
Mailing Address
500 Bayou Blvd.
City: Pensacola State: FL Zip Code: 32503

Nature of Debt (Purpose):
telephone

Outstanding Balance Beginning This Period: 832.44
Amount Incurred This Period: 0.00
Payment This Period: 832.44
Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Michael Haridopolos
Mailing Address
4385 Crooked Mile Road
City: Merritt Island State: FL Zip Code: 32952

Nature of Debt (Purpose):
travel/meals

Outstanding Balance Beginning This Period: 1122.39
Amount Incurred This Period: 0.00
Payment This Period: 1122.39
Outstanding Balance at Close of This Period: 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Data Targeting, Inc.
Mailing Address
6211 N.W. 132nd Avenue
City: Gainesville State: FL Zip Code: 32653

Nature of Debt (Purpose):
campaign management

Outstanding Balance Beginning This Period: 30000.00
Amount Incurred This Period: 0.00
Payment This Period: 30000.00
Outstanding Balance at Close of This Period: 0.00

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

11020413954

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Parker Rentals

Mailing Address
3089 White Ibis Way

City: Tallahassee State: FL Zip Code: 32309

Nature of Debt (Purpose): office rent

Outstanding Balance Beginning This Period: 752.50

Amount Incurred This Period: 0.00

Payment This Period: 752.50

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Shark Tank Media, LLC

Mailing Address
P. O. Box 11804

City: Fort Lauderdale State: FL Zip Code: 33339

Nature of Debt (Purpose): advertising

Outstanding Balance Beginning This Period: 2000.00

Amount Incurred This Period: 0.00

Payment This Period: 2000.00

Outstanding Balance at Close of This Period: 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Grassroots Political Consulting

Mailing Address
P. O. Box 65459

City: Washington State: DC Zip Code: 20035

Nature of Debt (Purpose): travel/meals

Outstanding Balance Beginning This Period: 3622.13

Amount Incurred This Period: 0.00

Payment This Period: 3622.13

Outstanding Balance at Close of This Period: 0.00

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

11020413965

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 3 OF 3

FOR LINE NUMBER: (check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (in Full)
Friends of Mike H
C00492231

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee | State: FL | Zip Code: 32302

Nature of Debt (Purpose):
research

Outstanding Balance Beginning This Period: 15000.00
Amount Incurred This Period: 0.00
Payment This Period: 15000.00
Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Timothy Baker Consulting, LLC
Mailing Address
P. O. Box 424
City: Tallahassee | State: FL | Zip Code: 32302

Nature of Debt (Purpose):
travel/meals

Outstanding Balance Beginning This Period: 2742.69
Amount Incurred This Period: 0.00
Payment This Period: 2742.69
Outstanding Balance at Close of This Period: 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Meredith O'Rourke
Mailing Address
2118 E. Randolph Circle
City: Tallahassee | State: FL | Zip Code: 32308

Nature of Debt (Purpose):
unreimbursed travel expenses

Outstanding Balance Beginning This Period: 838.05
Amount Incurred This Period: 0.08
Payment This Period: 838.05
Outstanding Balance at Close of This Period: 0.00

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

11020413966

BERT
WATKINS
COMPANY

Public Accountants
Boulevard
orida 33606

CERTIFIED MAIL™

7010 2780 0003 4310 1883

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ComBasPrice

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PITNEY BOWES
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Secretary of the Senate
Office of Public Records
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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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Date of Receipt

USPS FIRST CLASS MAIL _____
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

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