

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

11 OCT 18 AM 11:26

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

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492231

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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



April 15 Quarterly Report (Q1)



Primary (12P)



General (12G)



Runoff (12R)



July 15 Quarterly Report (Q2)



Convention (12C)

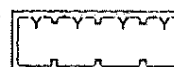


Special (12S)



October 15 Quarterly Report (Q3)

Election on



in the State of



January 31 Year-End Report (YE)

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



July 31 Mid-Year Report (Non-election Year Only) (MY)



General (30G)



Runoff (30R)

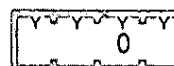


Special (30S)



Termination Report (TER)

Election on



in the State of



5. Covering Period



through



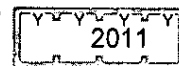
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Watkins

Signature of Treasurer

Nancy Watkins

Date



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

Office Use Only

FEC FORM 3
(Revised 02/2003)

11020413750

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Mike H

Report Covering the Period: From:

M	M
07	

 /

D	D
01	

 /

Y	Y	Y
2011		

To:

M	M
09	

 /

D	D
30	

 /

Y	Y	Y
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)

Page 3

Write or Type Committee Name

Friends of Mike H

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2011

To:

MM / DD / YYYY
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

FEC Form 3 (Revised 02/2003)

Page 4

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

11020413753

**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

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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 ☐ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

B. 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 ☒ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2011

Transaction ID: C-246-001102

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

**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 2 OF 4

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary
☐ Other (specify): ▼

☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary
☐ Other (specify): ▼

☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary
☐ Other (specify): ▼

☐ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
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)

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
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)

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

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
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)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

11800.00

11020413757

**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 1

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
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

**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 1

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
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)

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
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

**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 1 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D9-00hG01

Date of Disbursement

MM / DD / YYYY
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. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D10-00hG02

Date of Disbursement

MM / DD / YYYY
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. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D11-00hG03

Date of Disbursement

MM / DD / YYYY
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

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D12-00hG04

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D13-00hG05

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Automatic Data Processing, Inc.

Mailing Address

1 ADP Blvd.

City

Roseland

State

NJ

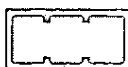
Zip Code

07068

Purpose of Disbursement

payroll taxes

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D14-00hG06

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D15-00hG07

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D16-00hG08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D17-00hG09

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

317.94

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)

PAGE 4 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. AT&T Mobility

Mailing Address

P. O. Box 6463

City

Carol Stream

State

IL

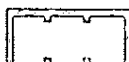
Zip Code

60197

Purpose of Disbursement

telephone

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D36-00Fm0C

Date of Disbursement

MM / DD / YYYY
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. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D37-00Fm0D

Date of Disbursement

MM / DD / YYYY
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. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D38-00Fm0E

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

1577.45

4019.50

**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 5 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

Transaction ID: D39-00Fm0F

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2011

A. 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:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Amount of Each Disbursement this Period

172.98

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

Transaction ID: D40-00Fm0G

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

B. 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:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Amount of Each Disbursement this Period

651.70

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

Transaction ID: D125-006G07

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2011

C. 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:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

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)

PAGE 6 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D126-006G08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D127-006G09

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D128-006G0A

Date of Disbursement

MM / DD / YYYY
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

23083.68

30086.87

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)

PAGE 7 OF 57

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D129-006G0B

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D130-006G0C

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D147-00VL03

Date of Disbursement

MM / DD / YYYY
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

**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 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Bax, Christian J.

Mailing Address

3015 Windsor Way

City

Tallahassee

State

FL

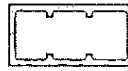
Zip Code

32312

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐☐☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D148-00VL04

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Bax, Christian J.

Mailing Address

3015 Windsor Way

City

Tallahassee

State

FL

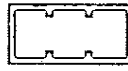
Zip Code

32312

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐☐☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D149-00VL05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Bright House Networks

Mailing Address

P. O. Box 31173

City

Tampa

State

FL

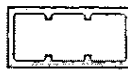
Zip Code

33631

Purpose of Disbursement

cable/internet access

Candidate Name



Category/
Type

Office Sought:

☐☐☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D194-00WV02

Date of Disbursement

MM / DD / YYYY
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

**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 9 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D195-00WW03

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D198-00i101

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D282-00SN04

Date of Disbursement

MM / DD / YYYY
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

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

Transaction ID: D283-00SN05

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2011

A. City of Tallahassee

Mailing Address

435 N. Macomb Street

City State Zip Code
Tallahassee FL 32301

Purpose of Disbursement
utilities

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Amount of Each Disbursement this Period

134.20

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

Transaction ID: D284-00SN06

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

B. City of Tallahassee

Mailing Address

435 N. Macomb Street

City State Zip Code
Tallahassee FL 32301

Purpose of Disbursement
utilities

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Amount of Each Disbursement this Period

92.53

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

Transaction ID: D294-00RW04

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2011

C. Coates Law Firm, PL

Mailing Address

115 E. Park Avenue, #1

City State Zip Code
Tallahassee FL 32301

Purpose of Disbursement
legal services

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

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)

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)

PAGE 11 OF 57

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D295-00RW05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D296-00RW06

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D303-00SO04

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

5104.95

56128.69

11020413770

**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
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

Transaction ID: D304-00SO05

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2011

A. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Amount of Each Disbursement this Period

104.95

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

Transaction ID: D331-00RM0K

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2011

B. Data Targeting, Inc.

Mailing Address

6211 N.W. 132nd Street

City

Gainesville

State

FL

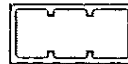
Zip Code

32653

Purpose of Disbursement

research

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

Transaction ID: D332-00RM0L

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2011

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

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

**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

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D333-00RM0M

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D334-00RM0N

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D335-00RM0O

Date of Disbursement

MM / DD / YYYY
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

27450.70

118684.34

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

Transaction ID: D383-00TI02

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2011

A. 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:

☒ Primary
☐ Other (specify): ▼

☐ General

Amount of Each Disbursement this Period

40.93

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary
☐ Other (specify): ▼

☐ General

Transaction ID: D393-00SP05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary
☐ Other (specify): ▼

☐ General

Transaction ID: D395-00SP07

Date of Disbursement

MM / DD / YYYY
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

**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

☒ 17 ☐ 18 ☐ 19a
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D465-001w02

Date of Disbursement

/ /

Amount of Each Disbursement this Period

190.04

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Cristina Flanders

Mailing Address

3084 Justice Lane

City

Tallahassee

State

FL

Zip Code

32301

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D488-00020K

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1875.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Cristina Flanders

Mailing Address

3084 Justice Lane

City

Tallahassee

State

FL

Zip Code

32301

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D489-00020L

Date of Disbursement

/ /

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)

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20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Cristina Flanders

Mailing Address

3084 Justice Lane

City

Tallahassee

State

FL

Zip Code

32301

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D490-00020M

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Cristina Flanders

Mailing Address

3084 Justice Lane

City

Tallahassee

State

FL

Zip Code

32301

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D491-00020N

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Florida Power & Light

Mailing Address

General Mail Facility

City

Miami

State

FL

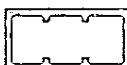
Zip Code

33188

Purpose of Disbursement

utilities

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D498-00UW03

Date of Disbursement

MM / DD / YYYY
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

**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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20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Florida Power & Light

Mailing Address

General Mail Facility

City

Miami

State

FL

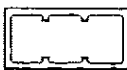
Zip Code

33188

Purpose of Disbursement

utilities

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D499-00UW04

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D501-00So02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Forward Strategies, Inc.

Mailing Address

2118 E. Randolph Circle

City

Tallahassee

State

FL

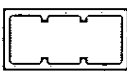
Zip Code

32308

Purpose of Disbursement

fundraising consulting

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D568-00Sn03

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

39597.44

174083.57

**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

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D573-00ZE02

Date of Disbursement

MMMM / DDDD / YYYYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D574-00ZE03

Date of Disbursement

MMMM / DDDD / YYYYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D583-00hU01

Date of Disbursement

MMMM / DDDD / YYYYYY
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)

TOTAL This Period (last page this line number only)

1276.08

175359.65

11020413777

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

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

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(check only one)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D625-00Kz05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D626-00Kz06

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D627-00Kz07

Date of Disbursement

MM / DD / YYYY
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

**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
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Grassroots Political Consulting

Mailing Address

P. O. Box 65459

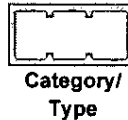
City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
travel/meals

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D628-00Kz08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Hannibal Software, Inc.

Mailing Address

611 Pennsylvania Ave., S.E.

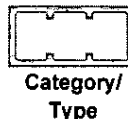
City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
database management

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D642-00ND03

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D648-000104

Date of Disbursement

MM / DD / YYYY
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)

PAGE 21 OF 57

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D2-000105

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D650-000106

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D1-00Sm07

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

842.88

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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D2-000107

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D3-000108

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D4-001001

Date of Disbursement

MM / DD / YYYY
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

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐☐☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D721-00ZD02

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2011

MM / DD / YYYY
29 / 07 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐☐☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D722-00ZD03

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2011

MM / DD / YYYY
15 / 08 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐☐☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D801-00Ti04

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2011

MM / DD / YYYY
15 / 07 / 2011

MM / DD / YYYY
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

11020413782

**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

Full Name (Last, First, Middle Initial)

A. Daniel R. Latasa

Mailing Address

405 Bridgeview Terrace

City

St. Johns

State

FL

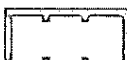
Zip Code

32259

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D802-00Ti05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Daniel R. Latasa

Mailing Address

405 Bridgeview Terrace

City

St. Johns

State

FL

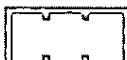
Zip Code

32259

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D803-00Ti06

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D812-00T404

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

1306.54

202840.89

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary

☐ General

Other (specify): ▼

Transaction ID: D813-00T405

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary

☐ General

Other (specify): ▼

Transaction ID: D814-00T406

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary

☐ General

Other (specify): ▼

Transaction ID: D817-00T503

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

857.28

203698.17

11020413784

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D899-00Tg05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D900-00Tg06

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D901-00Tg07

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

12836.97

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)

PAGE 27 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☒

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D902-00Tg08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. O'Rourke, Meredith

Mailing Address

2118 E. Randolph Circle

City

Tallahassee

State

FL

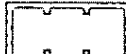
Zip Code

32308

Purpose of Disbursement

see memo entries

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D911-007s07

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☒

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D1-00SQ02

Date of Disbursement

MM / DD / YYYY
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

SUBTOTAL of Disbursements This Page (optional)

10838.05

TOTAL This Period (last page this line number only)

227373.19

11020413786

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. O'Rourke, Meredith

Mailing Address

2118 E. Randolph Circle

City

Tallahassee

State

FL

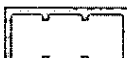
Zip Code

32308

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D2-007s08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Ozean Media, Inc.

Mailing Address

2831 N.W. 41st Street, #J

City

Gainesville

State

FL

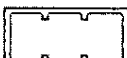
Zip Code

32606

Purpose of Disbursement

video production

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D940-00hE01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D953-00RP03

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Parker Rentals

Mailing Address

3089 White Ibis Way

City

Tallahassee

State

FL

Zip Code

32309

Purpose of Disbursement

office rent

Candidate Name

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D954-00RP04

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

Zip Code

32503

Purpose of Disbursement

see memo entries

Candidate Name

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D983-00050H

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address

P. O. Box 660108

City

Dallas

State

TX

Zip Code

75266

Purpose of Disbursement

telephone

Candidate Name

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1-00Fo09

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

1584.94

230210.63

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address

P. O. Box 660108

City State Zip Code
Dallas TX 75266

Purpose of Disbursement
telephone

Candidate Name

Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D2-00Fo0A

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address

P. O. Box 660108

City State Zip Code
Dallas TX 75266

Purpose of Disbursement
telephone

Candidate Name

Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D3-00Fo0B

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City State Zip Code
Pensacola FL 32503

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D984-00050I

Date of Disbursement

MM / DD / YYYY
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

SUBTOTAL of Disbursements This Page (optional)

423.58

TOTAL This Period (last page this line number only)

230634.21

11020413789

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Capitol Hill Club

Mailing Address

300 First Street, S.E.

City

Washington

State

DC

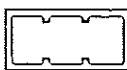
Zip Code

20003

Purpose of Disbursement

food & beverage

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D1-00cU02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

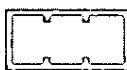
Zip Code

32503

Purpose of Disbursement

mileage/parking

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D2-00050K

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

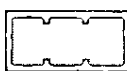
Zip Code

32503

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D986-00050L

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

Zip Code

32503

Purpose of Disbursement

salary

Candidate Name

Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D987-00050M

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

Zip Code

32503

Purpose of Disbursement

salary

Candidate Name

Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D988-00050N

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D989-00050O

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. JetBlue Airways

Mailing Address

6322 South 3000, E., #G10

City

Salt Lake City

State

UT

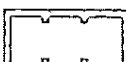
Zip Code

84121

Purpose of Disbursement

transportation

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D4-00MH03

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2011

MM / DD / YYYY
30 / 05 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

Zip Code

32503

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D6-00050P

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2011

MM / DD / YYYY
25 / 06 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

Zip Code

32503

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D7-00050Q

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2011

MM / DD / YYYY
26 / 06 / 2011

MM / DD / YYYY
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0.00

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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

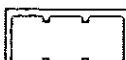
Zip Code

32503

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D8-00050R

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

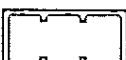
Zip Code

32503

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D9-00050S

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

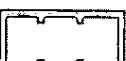
Zip Code

32503

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D10-00050T

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

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 35 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

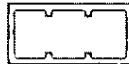
FL

Zip Code

32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D11-00050U

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D12-00050V

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

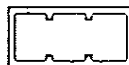
FL

Zip Code

32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

State: District:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

Transaction ID: D13-00050W

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

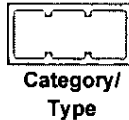
FL

Zip Code

32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D14-00050X

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

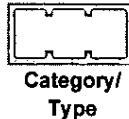
FL

Zip Code

32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D15-00050Y

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

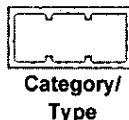
FL

Zip Code

32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D16-00050Z

Date of Disbursement

MM / DD / YYYY
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

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 37 OF 57

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City
Pensacola

State
FL

Zip Code
32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D17-00050a

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City
Pensacola

State
FL

Zip Code
32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D18-00050b

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

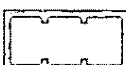
City
Pensacola

State
FL

Zip Code
32503

Purpose of Disbursement
mileage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D19-00050c

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

240577.44

11020413796

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Philpot, Timothy

Mailing Address

500 Bayou Blvd.

City

Pensacola

State

FL

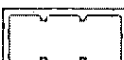
Zip Code

32503

Purpose of Disbursement

mileage

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D20-00050d

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D22-00Fo0C

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. The Preserve at Longleaf

Mailing Address

4465 Preserve Drive

City

Melbourne

State

FL

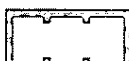
Zip Code

32934

Purpose of Disbursement

staff housing

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1021-00Tf06

Date of Disbursement

MM / DD / YYYY
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

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)

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☒ 17
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20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D1022-00Tf08

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D1023-00hI01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D2-00hS01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

MEMO

Memo

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 57

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D3-00Fn0C

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address

P. O. Box 660481

City

Dallas

State

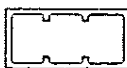
TX

Zip Code

75266

Purpose of Disbursement
delivery

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D4-00Fn0D

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Florida's Turnpike Headquarters

Mailing Address

P. O. Box 613069

City

Ocoee

State

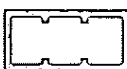
FL

Zip Code

34761

Purpose of Disbursement
tolls

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D5-006M0y

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

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)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Florida's Turnpike Headquarters

Mailing Address

P. O. Box 613069

City State Zip Code
Ocoee FL 34761

Purpose of Disbursement
tolls

Candidate Name

Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D6-006M11

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Florida's Turnpike Headquarters

Mailing Address

P. O. Box 613069

City State Zip Code
Ocoee FL 34761

Purpose of Disbursement
tolls

Candidate Name

Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D7-006M12

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address

8210 Hidden River Parkway

City State Zip Code
Tampa FL 33637

Purpose of Disbursement
lodging

Candidate Name

Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D8-00aH02

Date of Disbursement

MM / DD / YYYY
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

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Kangaroo Express

Mailing Address

102 S. Blainstone Road

City

Tallahassee

State

FL

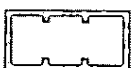
Zip Code

32301

Purpose of Disbursement

fuel

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D9-00aH03

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D11-00cy0A

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D1110-00T604

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

154.00

246917.91

**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)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Salazar, Christina N.

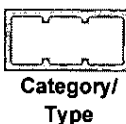
Mailing Address

600 Newport Drive

City State Zip Code
Indialantic FL 32903

Purpose of Disbursement
salary

Candidate Name



Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D1111-00T605

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Salazar, Christina N.

Mailing Address

600 Newport Drive

City State Zip Code
Indialantic FL 32903

Purpose of Disbursement
salary

Candidate Name



Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D1112-00T606

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Shark Tank Media, LLC

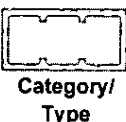
Mailing Address

P. O. Box 11804

City State Zip Code
Fort Lauderdale FL 33339

Purpose of Disbursement
advertising

Candidate Name



Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D1124-00d301

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

2677.76

249595.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

Transaction ID: D1268-00hH01

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2011

MM / DD / YYYY
20 / 20 / 2011

MM / DD / YYYY
20 / 20 / 2011

Amount of Each Disbursement this Period

695.70

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

Transaction ID: D1269-00hT01

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

MM / DD / YYYY
03 / 03 / 2011

MM / DD / YYYY
20 / 03 / 2011

Amount of Each Disbursement this Period

207.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

Transaction ID: D1270-00hT02

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

MM / DD / YYYY
03 / 03 / 2011

MM / DD / YYYY
20 / 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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1294-00VK02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1310-00K40F

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. United Parcel Service

Mailing Address

P. O. Box 7247

City

Philadelphia

State

PA

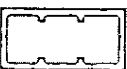
Zip Code

19170

Purpose of Disbursement

delivery

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1311-00K40G

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

10197.20

261231.84

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 57

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1312-00K40H

Date of Disbursement

MM / DD / YYYY
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. United Parcel Service

Mailing Address

P. O. Box 7247

City

Philadelphia

State

PA

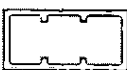
Zip Code

19170

Purpose of Disbursement

delivery

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1313-00K40I

Date of Disbursement

MM / DD / YYYY
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. United States Treasury

Mailing Address

P. O. Box 173788

City

Denver

State

CO

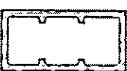
Zip Code

80217

Purpose of Disbursement

payroll taxes

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1327-00Ba0E

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

270.40

261502.24

**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

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address

P. O. Box 660108

City

Dallas

State

TX

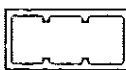
Zip Code

75266

Purpose of Disbursement

telephone

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1337-00Fo08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1343-00hu01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address

P. O. Box 30131

City

Tampa

State

FL

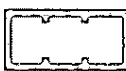
Zip Code

33630

Purpose of Disbursement

see memo entries

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1351-00St07

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

26272.77

287775.01

**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

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D1-006J0K

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Avis Rent-A-Car

Mailing Address

6 Sylvan Way

City

Parsippany

State

NJ

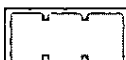
Zip Code

07054

Purpose of Disbursement

tolls

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D2-006J0L

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Publix Super Markets

Mailing Address

P. O. Box 407

City

Lakeland

State

FL

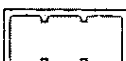
Zip Code

33802

Purpose of Disbursement

food & beverage

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D7-00Mm08

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address

P. O. Box 30131

City

Tampa

State

FL

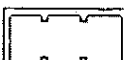
Zip Code

33630

Purpose of Disbursement

see memo entries

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1352-00St08

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address

P. O. Box 536216

City

Atlanta

State

GA

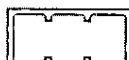
Zip Code

30353

Purpose of Disbursement

telephone

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D1-00Sm05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address

P. O. Box 536216

City

Atlanta

State

GA

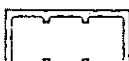
Zip Code

30353

Purpose of Disbursement

internet access

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒ Primary

☐ General

☐ Other (specify): ▼

Transaction ID: D2-00Sm06

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

4591.54

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address

P. O. Box 660481

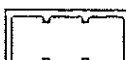
City
Dallas

State
TX

Zip Code
75266

Purpose of Disbursement
delivery

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D8-00Fn0E

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address

P. O. Box 660481

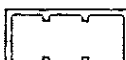
City
Dallas

State
TX

Zip Code
75266

Purpose of Disbursement
office supplies

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D9-00Fn0F

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address

P. O. Box 660481

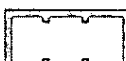
City
Dallas

State
TX

Zip Code
75266

Purpose of Disbursement
delivery

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D10-00Fn0G

Date of Disbursement

MM / DD / YYYY
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0.00

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address

P. O. Box 660481

City

Dallas

State

TX

Zip Code

75266

Purpose of Disbursement
delivery

Candidate Name

Category/
Type

Office Sought:

Disbursement For:

☒ Primary
☐ Other (specify): ▼

☐ General

State:

District:

Transaction ID: D11-00Fn0H

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☒ Primary
☐ Other (specify): ▼

☐ General

State:

District:

Transaction ID: D12-00Fn0I

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☒ Primary
☐ Other (specify): ▼

☐ General

State:

District:

Transaction ID: D13-00Fn0J

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

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)

PAGE 52 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D14-00Fn0K

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D16-00hY01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D17-00hY02

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

292366.55

11020413811

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D18-00Ww02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D26-00Mm09

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Tiffany & Co.

Mailing Address

727 Fifth Avenue

City

New York

State

NY

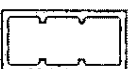
Zip Code

10022

Purpose of Disbursement

gifts

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D36-00WS04

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

0.00

292366.55

11020413812

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

Transaction ID: D38-00030A

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

Transaction ID: D39-00MI04

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Wingate Inn

Mailing Address

4681 Lenoir Avenue, S.

City

Jacksonville

State

FL

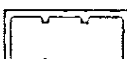
Zip Code

32216

Purpose of Disbursement

lodging

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

Transaction ID: D41-00ha01

Date of Disbursement

MM / DD / YYYY
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

**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

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Wingate Inn

Mailing Address

4681 Lenoir Avenue, S.

City

Jacksonville

State

FL

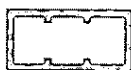
Zip Code

32216

Purpose of Disbursement

lodging

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D42-00ha02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Wallace, Kyle M.

Mailing Address

1342 Riverplace Drive

City

Jacksonville

State

FL

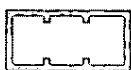
Zip Code

32223

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1357-00VM03

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Wallace, Kyle M.

Mailing Address

1342 Riverplace Drive

City

Jacksonville

State

FL

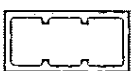
Zip Code

32223

Purpose of Disbursement

salary

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1358-00VM04

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

1000.00

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)

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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

Full Name (Last, First, Middle Initial)

A. Wallace, Kyle M.

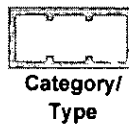
Mailing Address

1342 Riverplace Drive

City State Zip Code
Jacksonville FL 32223

Purpose of Disbursement
salary

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D1359-00VM05

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Robert Watkins & Company

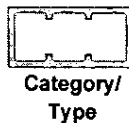
Mailing Address

610 S. Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
accounting services

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D1368-00Su04

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Robert Watkins & Company

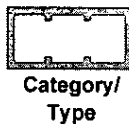
Mailing Address

610 S. Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
accounting services

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☒ Primary ☐ General
☐ Other (specify): ▼

State: District:

Transaction ID: D1369-00Su05

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

20700.00

314066.55

**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)

PAGE 57 OF 57

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1370-00Su06

Date of Disbursement

MM / DD / YYYY
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. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1412-000607

Date of Disbursement

MM / DD / YYYY
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. 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:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1413-000608

Date of Disbursement

MM / DD / YYYY
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

**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 1 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Adams, Robert P.

Mailing Address

415 Paso Corto Drive

City

Kearneysville

State

WV

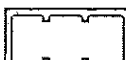
Zip Code

25430

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D41-00BJ01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Adkins, Daniel K.

Mailing Address

5480 S.W. 60th Avenue

City

Davie

State

FL

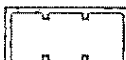
Zip Code

33314

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D42-000U01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Adkins, Susan Myra

Mailing Address

5480 S.W. 60th Avenue

City

Davie

State

FL

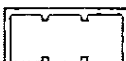
Zip Code

33314

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D43-000V01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

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)

PAGE 2 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Alexander, John D.

Mailing Address

P. O. Box 1589

City

Lake Wales

State

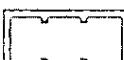
FL

Zip Code

33898

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D44-003301

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Almeida, Edward

Mailing Address

19473 S.W. 55th Street

City

Miramar

State

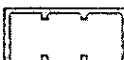
FL

Zip Code

33029

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D45-003f01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D48-00Xb01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 3 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D49-00Xc01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D50-00A101

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D51-00Dx01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 4 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D68-00Fy01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Anderson, Joe H.

Mailing Address

P. O. Box 38

City

Old Town

State

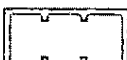
FL

Zip Code

32680

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D69-00Fx01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Andre, Edward

Mailing Address

3800 N. Riverside Drive

City

Indialantic

State

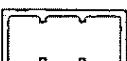
FL

Zip Code

32903

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D70-005t01

Date of Disbursement

MM / DD / YYYY
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)

PAGE 5 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Andre, Jeanne M.

Mailing Address

3800 N. Riverside Drive

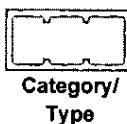
City
Indialantic

State
FL

Zip Code
32903

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D71-005s01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Angelos, Cynthia G.

Mailing Address

1566 S.E. Ballantrae Court

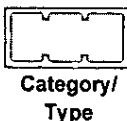
City
Port Saint Lucie

State
FL

Zip Code
34952

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D72-001901

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Ansel, Jerome V.

Mailing Address

7626 Fenwick Place

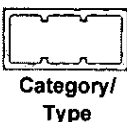
City
Boca Raton

State
FL

Zip Code
33496

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D73-005101

Date of Disbursement

MM / DD / YYYY
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)

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)

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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

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D78-00LF01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Audie, Charlotte Brand

Mailing Address

619 S. Ride

City

Tallahassee

State

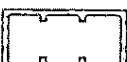
FL

Zip Code

32303

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D80-00B601

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Babazadeh, Fereshteh K.

Mailing Address

2379 Beville Road

City

Daytona Beach

State

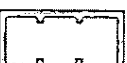
FL

Zip Code

32119

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D111-00HP01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

44100.00

11020413822

**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

Full Name (Last, First, Middle Initial)

A. Babazadeh, Mansour K.

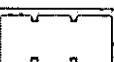
Mailing Address

2379 Beville Road

City State Zip Code
Daytona Beach FL 32119

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D112-00HM01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Babazadeh, Nasser K.

Mailing Address

2379 Beville Road

City State Zip Code
Daytona Beach FL 32119

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D113-00HQ01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Babazadeh, Parviash

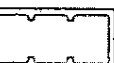
Mailing Address

1409 Regal Pointe Lane

City State Zip Code
Ormond Beach FL 32174

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D114-00HO01

Date of Disbursement

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D115-00HL01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D116-00Yq01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D117-00CW01

Date of Disbursement

MM / DD / YYYY
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

**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 9 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Baker, John D.

Mailing Address

501 Riverside Avenue, #500

City

Jacksonville

State

FL

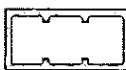
Zip Code

32202

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D118-001v01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Ballard, Brian D.

Mailing Address

403 E. Park Avenue

City

Tallahassee

State

FL

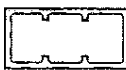
Zip Code

32301

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D131-000A01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D132-000901

Date of Disbursement

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. Bates, H. Scott

Mailing Address

2660 Lakeshore Drive

City

Orlando

State

FL

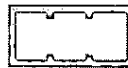
Zip Code

32803

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D143-004o01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D144-00LK01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D151-00Be01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 11 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Bear, Jr., Lewis

Mailing Address

72 Highpoint Drive

City

Gulf Breeze

State

FL

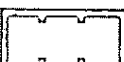
Zip Code

32561

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

State: ☐ District: ☐

Disbursement For:

☐ Primary ☒ General

Other (specify): ▼

State:

District:

Transaction ID: D152-00Bd01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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): ▼

State:

District:

Transaction ID: D153-00TT01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Benderson, Lori

Mailing Address

144 Osprey Point Drive

City

Osprey

State

FL

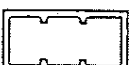
Zip Code

34229

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

State: ☐ District: ☐

Disbursement For:

☐ Primary ☒ General

Other (specify): ▼

State:

District:

Transaction ID: D154-009U01

Date of Disbursement

MM / DD / YYYY
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)

80500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Benderson, Nathan

Mailing Address

8171 Abington Court

City State Zip Code
University Park FL 34201

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Benderson, Randall

Mailing Address

144 Osprey Point Drive

City State Zip Code
Osprey FL 34229

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Benderson, Shuan A.

Mailing Address

50 Central Avenue, #14G

City State Zip Code
Sarasota FL 34236

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D155-00TU01

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D156-009V01

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D157-00TV01

Date of Disbursement

MM / DD / YYYY
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)

88000.00

11020413828

**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 13 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D161-00XZ01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D162-00h301

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Berke, John P.

Mailing Address

2416 Fairmount Avenue

City

Lakeland

State

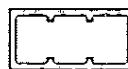
FL

Zip Code

33803

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐ General

Other (specify): ▼

State:

District:

Transaction ID: D163-00YG01

Date of Disbursement

MM / DD / YYYY
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)

PAGE 14 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Bernstein, Kenneth R.

Mailing Address

550 Golden Beach Drive

City

Golden Beach

State

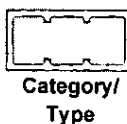
FL

Zip Code

33160

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D164-00EA01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Beruff, Carlos

Mailing Address

2212 58th Avenue, E.

City

Bradenton

State

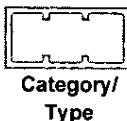
FL

Zip Code

34203

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D165-000m01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Best, Virginia M.

Mailing Address

14130 E. Palomino Drive

City

Southwest Ranches

State

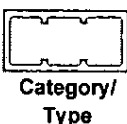
FL

Zip Code

33330

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D166-00XR01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7200.00

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Biddix, Stacey

Mailing Address

6905 N. Wickham Road, #403

City

Melbourne

State

FL

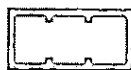
Zip Code

32940

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D169-002C01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D170-002C02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D171-001P01

Date of Disbursement

MM / DD / YYYY
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

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)

PAGE 16 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D172-001P02

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D178-005H01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Book, Patricia

Mailing Address

491 Coconut Palm Terrace

City

Plantation

State

FL

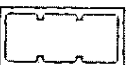
Zip Code

33324

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D179-000S01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

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)

PAGE 17 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D180-000T01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D181-001O01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Bostick, R. Mark

Mailing Address

P. O. Box 67

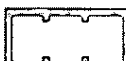
City
Auburndale

State
FL

Zip Code
33823

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D182-00bf01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 18 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Bowen, Angel R.

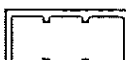
Mailing Address

3320 Harbor Beach Drive

City State Zip Code
Lake Wales FL 33859

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D183-003t01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Bowen, David S.

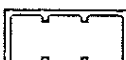
Mailing Address

3320 Harbor Beach Drive

City State Zip Code
Lake Wales FL 33859

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D184-003u01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Boyar, Cris

Mailing Address

12221 N.W. 73rd Street

City State Zip Code
Parkland FL 33076

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D185-001C01

Date of Disbursement

MM / DD / YYYY
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

**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 19 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Bradford, Rutledge

Mailing Address

4812 Waterwitch Point Drive

City

Orlando

State

FL

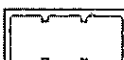
Zip Code

32806

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D186-00VB01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Bradshaw, Paul R.

Mailing Address

1345 Dupont Road

City

Havana

State

FL

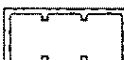
Zip Code

32333

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D187-001M01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Bradshaw, Sally

Mailing Address

1345 Dupont Road

City

Havana

State

FL

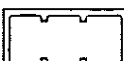
Zip Code

32333

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D188-001N01

Date of Disbursement

MM / DD / YYYY
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

**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 20 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Braman, Irma

Mailing Address

1 Indian Creek Island Road

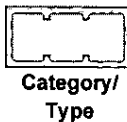
City
Indian Creek Village

State
FL

Zip Code
33154

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D189-002H01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Braman, Norman

Mailing Address

1 Indian Creek Island Road

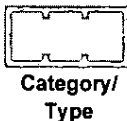
City
Indian Creek Village

State
FL

Zip Code
33154

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D190-002G01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Brana, Armando A.

Mailing Address

11889 S.W. 74th Terrace

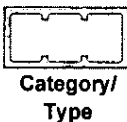
City
Miami

State
FL

Zip Code
33183

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D191-00Xg01

Date of Disbursement

MM / DD / YYYY
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

**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 21 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D196-00Yt01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Brown, Gary

Mailing Address

2295 N.W. Corp Blvd., #140

City

Boca Raton

State

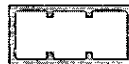
FL

Zip Code

33431

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D197-00GL01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D199-00Xh01

Date of Disbursement

MM / DD / YYYY
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

**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 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D207-003e01

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D208-00Uo01

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D215-006i01

Date of Disbursement

MM / DD / YYYY
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)

153083.33

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)

PAGE 23 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D216-007b01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Burt, Ann E.

Mailing Address

900 John Anderson Drive

City

Ormond Beach

State

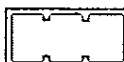
FL

Zip Code

32176

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D217-006901

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Burt, Wallace L.

Mailing Address

900 John Anderson Drive

City

Ormond Beach

State

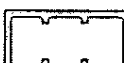
FL

Zip Code

32176

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D218-006801

Date of Disbursement

MM / DD / YYYY
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

11020413839

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Burton, Steven G.

Mailing Address

4110 Highland Park Circle

City

Lutz

State

FL

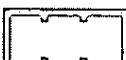
Zip Code

33558

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D220-00Fr02

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

MM / DD / YYYY
21 / 21 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Burton, Steven G.

Mailing Address

4110 Highland Park Circle

City

Lutz

State

FL

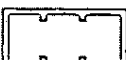
Zip Code

33558

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D221-00Fr02

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Cabrera, Marcio C.

Mailing Address

10150 S.W. 70th Avenue

City

Miami

State

FL

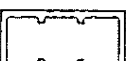
Zip Code

33156

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D223-009q01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

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)

PAGE 25 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Cabrera, Miriam

Mailing Address

10150 S.W. 70th Avenue

City

Miami

State

FL

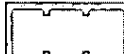
Zip Code

33156

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D224-009p01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Carr, Donald J.

Mailing Address

1711 Greystone Ridge

City

San Antonio

State

TX

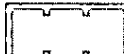
Zip Code

78258

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D240-000s01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D244-00A701

Date of Disbursement

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. Case, Richard M.

Mailing Address

949 Hillsboro Mile

City

Hillsboro Beach

State

FL

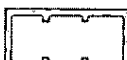
Zip Code

33062

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify):

☒ General

▼

Transaction ID: D246-00UB01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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

☐ Other (specify):

☒ General

▼

Transaction ID: D247-00UA01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Catania, Joseph J.

Mailing Address

101 E. Kennedy Blvd., #2400

City

Tampa

State

FL

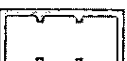
Zip Code

33602

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify):

☒ General

▼

Transaction ID: D248-00YU01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 27 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Catania, Peter F.

Mailing Address

4809 Culbreath Isles Road

City

Tampa

State

FL

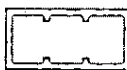
Zip Code

33629

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D249-00YZ01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D259-008501

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D260-00XY01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 28 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Choutka, Michael J.

Mailing Address

3481 Rockcliff Place

City

Longwood

State

FL

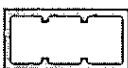
Zip Code

32779

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D270-005B01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D297-009t01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D298-000801

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 145

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

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Coker, Robert E.

Mailing Address

17212 Gulf Pine Circle

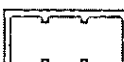
City
Wellington

State
FL

Zip Code
33414

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D299-000701

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Corcoran, Jessica R.

Mailing Address

7318 W. Capps Highway

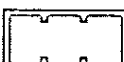
City
Monticello

State
FL

Zip Code
32344

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D306-009g01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Corcoran, Michael C.

Mailing Address

7318 W. Capps Highway

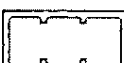
City
Monticello

State
FL

Zip Code
32344

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D307-009f01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Daughton, James R.

Mailing Address

1386 Constitution Place, E.

City

Tallahassee

State

FL

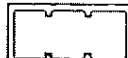
Zip Code

32308

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D336-007h01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Dean, Henry T.

Mailing Address

3116 3rd Street

City

Vero Beach

State

FL

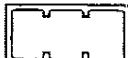
Zip Code

32968

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D337-00Hb01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Dee, Michael T.

Mailing Address

1620 S.E. 1st Street

City

Fort Lauderdale

State

FL

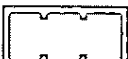
Zip Code

33301

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D338-005f01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

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)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D339-00B701

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D340-000v01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D341-000w01

Date of Disbursement

MM / DD / YYYY
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)

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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

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D359-009X01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D362-003k02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D363-007x01

Date of Disbursement

MM / DD / YYYY
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

**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
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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Desai, Shashin R.

Mailing Address

221 Lansing Island Drive

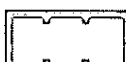
City
Indian Harbour Beach

State
FL

Zip Code
32937

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D366-007y01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. DiMare, Paul

Mailing Address

P. O. Box 900460

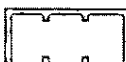
City
Homestead

State
FL

Zip Code
33090

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D370-00JM01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D371-00JN01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

234283.33

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. Diaco, Krista J.

Mailing Address

6409 Bayshore Blvd.

City

Tampa

State

FL

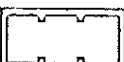
Zip Code

33611

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify): ▼

☒ General

Transaction ID: D372-009R01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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

☐ Other (specify): ▼

☒ General

Transaction ID: D373-00Yo01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Diaz, Nelson

Mailing Address

3038 Matilda Street

City

Miami

State

FL

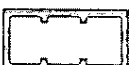
Zip Code

33133

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify): ▼

☒ General

Transaction ID: D374-007t01

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D375-009s01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Dickinson, Robert

Mailing Address

29 Tahiti Beach Island

City

Coral Gables

State

FL

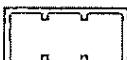
Zip Code

33143

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D376-009r01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Diez-Arguelles, Carlos R.

Mailing Address

540 N. Semoran Blvd.

City

Orlando

State

FL

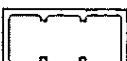
Zip Code

32807

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D377-00ag01

Date of Disbursement

MM / DD / YYYY
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)

PAGE 36 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D378-004a01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Dominicus, 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D387-00Up01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D388-00Xa01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D397-007g01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D398-000N01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Drasner, Lora

Mailing Address

1425 Brickell Avenue, #5E

City

Miami

State

FL

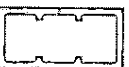
Zip Code

33131

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D399-000M01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 38 OF 145

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

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Dudley, Charles F.

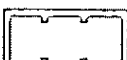
Mailing Address

534 Bobbin Brook Lane

City State Zip Code
Tallahassee FL 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Duffy, Sean T.

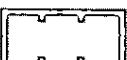
Mailing Address

1000 Venetian Way, #804

City State Zip Code
Miami FL 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Dunbar, Chollet G.

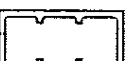
Mailing Address

7335 Ox Bow Circle

City State Zip Code
Tallahassee FL 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 Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

262966.66

11020413854

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D404-00GU01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D405-00B801

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D406-00B901

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

270366.66

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)

PAGE 40 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Edenfield, Martha J.

Mailing Address

P. O. Box 10095

City

Tallahassee

State

FL

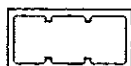
Zip Code

32302

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D411-00Bu01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D413-007301

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D417-00EI01

Date of Disbursement

MM / DD / YYYY
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

11020413856

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Escanaverino, Eugenio

Mailing Address

140 N. Royal Poinciana Blvd.

City

Miami Springs

State

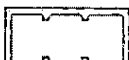
FL

Zip Code

33166

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify):

☒ General

▼

Transaction ID: D418-00Mt01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Escanaverino, Natalie Garcia

Mailing Address

140 N. Royal Poinciana Blvd.

City

Miami Springs

State

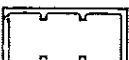
FL

Zip Code

33166

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify):

☒ General

▼

Transaction ID: D419-00Mu01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Euler, Ernest

Mailing Address

1143 Balmoral Way

City

Melbourne

State

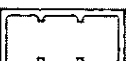
FL

Zip Code

32940

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☐ Other (specify):

☒ General

▼

Transaction ID: D420-003R01

Date of Disbursement

MM / DD / YYYY
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

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Euler, Tina

Mailing Address

1143 Balmoral Way

City State Zip Code
Melbourne FL 32940

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D421-003S01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Farah, Charlie E.

Mailing Address

3657 Cathedral Cove Road

City State Zip Code
Jacksonville FL 32217

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D428-00Yi01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Farah, Eddie Easa

Mailing Address

4409 Catheys Club Lane

City State Zip Code
Jacksonville FL 32224

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State: District:

Transaction ID: D430-00LI02

Date of Disbursement

MM / DD / YYYY
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)

PAGE 43 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Farinas, Maria I.

Mailing Address

345 N.W. 57th Court

City

Miami

State

FL

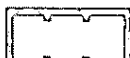
Zip Code

33126

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D431-00Hg01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D433-00Yr01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Feingold, Barbara S.

Mailing Address

200 W. Cypress Creed Road, #500

City

Fort Lauderdale

State

FL

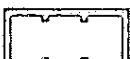
Zip Code

33309

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D454-002Z01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

297466.66

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)

PAGE 44 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D455-002c01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D456-002a01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D457-002b01

Date of Disbursement

MM / DD / YYYY
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

**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 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D458-00LN01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D459-009w01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Fernandez, George

Mailing Address

121 Alhambra Plaza, #1100

City

Coral Gables

State

FL

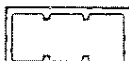
Zip Code

33134

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D460-00LO01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 46 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Fernandez, Michelle E.

Mailing Address

121 Alhambra Plaza, #1100

City

Coral Gables

State

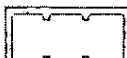
FL

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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Fernandez, Miguel B.

Mailing Address

121 Alhambra Plaza, #1100

City

Coral Gables

State

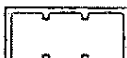
FL

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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Fiorentino, T. Martin

Mailing Address

P. O. Box 3246

City

Ponte Vedra

State

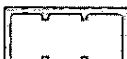
FL

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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

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)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Fisher, Marjorie S.

Mailing Address

920 N. Lake Way

City

Palm Beach

State

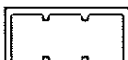
FL

Zip Code

33480

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D467-004D01

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
22 / 22 / 2011

MM / DD / YYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D468-00Hc01

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
22 / 22 / 2011

MM / DD / YYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Fox, Gregory

Mailing Address

6090 Bird Road, 1st Floor

City

Miami

State

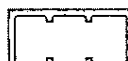
FL

Zip Code

33155

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D571-00E501

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
22 / 22 / 2011

MM / DD / YYY
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)

TOTAL This Period (last page this line number only)

7400.00

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)

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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

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D575-00JF01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D576-00Hf01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Frybager, Jacob

Mailing Address

2889 Berkshire Woods Terrace

City

Deltona

State

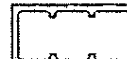
FL

Zip Code

32725

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☒
☐

Primary

☐

General

Other (specify): ▼

State:

District:

Transaction ID: D577-00Zy01

Date of Disbursement

MM / DD / YYYY
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

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)

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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

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D578-00Uk01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Gadodia, Gopal

Mailing Address

129 Lansing Island Drive

City

Indian Harbour Beach

State

FL

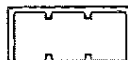
Zip Code

32937

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D579-008801

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Gadodia, Kalpana

Mailing Address

129 Lansing Island Drive

City

Indian Harbour Beach

State

FL

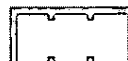
Zip Code

32937

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D580-008701

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
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)

339766.66

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

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

FOR LINE NUMBER:
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☐ 17
☒ 20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D581-000I01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D582-000J01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D584-004S01

Date of Disbursement

MM / DD / YYYY
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

11020413866

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D585-004P01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Gatti, Dorothea S.

Mailing Address

2060 S. Patrick Drive

City

Indian Harbour Beach

State

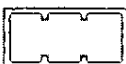
FL

Zip Code

32937

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D596-00LQ01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D597-00LP01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

354366.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

Office Sought:

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

▼

Transaction ID: D598-007401

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Genatt, Colleen

Mailing Address

1554 Old Cedar Swamp Road

City

Brookville

State

NY

Zip Code

11545

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

▼

Transaction ID: D601-00HH01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Genatt, Richard F.

Mailing Address

1554 Old Cedar Swamp Road

City

Brookville

State

NY

Zip Code

11545

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

▼

Transaction ID: D602-00Bz01

Date of Disbursement

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D603-000K01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Gibson, Michael

Mailing Address

11915 Kajetan Lane

City

Orlando

State

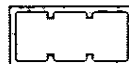
FL

Zip Code

32827

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D604-008d01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D605-003r01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

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)

PAGE 54 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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 Disbursement



Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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 Disbursement



Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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 Disbursement



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

**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 ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D609-003y01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D610-003x01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D611-008j01

Date of Disbursement

MM / DD / YYYY
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)

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)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Gonzalez, Neil M.

Mailing Address

14435 S.W. 87th Avenue

City

Miami

State

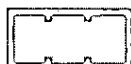
FL

Zip Code

33176

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D612-001801

Date of Disbursement



Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D614-000X01

Date of Disbursement



Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D615-000W01

Date of Disbursement



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

**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

Full Name (Last, First, Middle Initial)

A. Gordon, Robert E.

Mailing Address

6124 Wildcat Run

City

West Palm Beach

State

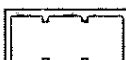
FL

Zip Code

33412

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D616-004e01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2350.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Grainger, James R.

Mailing Address

10009 Clubhouse Drive

City

Bradenton

State

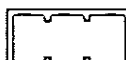
FL

Zip Code

34202

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D618-009T01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Greene, Sean J.

Mailing Address

478 Savoie Drive

City

Palm Beach Gardens

State

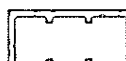
FL

Zip Code

33410

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D629-004t01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

6850.00

397316.66

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D630-005501

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D631-00XM01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D632-00XL01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

6250.00

403566.66

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Haley, Myra K.

Mailing Address

154 Lansing Island Drive

City

Indian Harbour Beach

State

FL

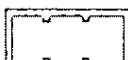
Zip Code

32937

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

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☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D634-008A01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D655-008401

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D656-008301

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
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)

TOTAL This Period (last page this line number only)

7300.00

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)

PAGE 60 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D658-004001

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D659-003B01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Hicks, Zachary A.

Mailing Address

631 Tibidabo Avenue

City

Coral Gables

State

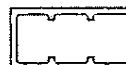
FL

Zip Code

33143

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D665-00XW01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D675-00Xi01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

833.33

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D676-00XK01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D677-00XI01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

5833.33

422349.99

11020413877

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

☒

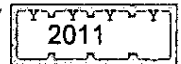
General

☐

Other (specify): ▼

Transaction ID: D678-00XH01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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

☐

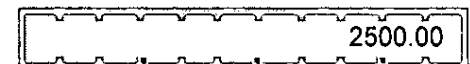
Other (specify): ▼

Transaction ID: D679-00XJ01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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

☐

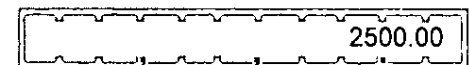
Other (specify): ▼

Transaction ID: D680-009o01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)



TOTAL This Period (last page this line number only)



11020413878

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D682-000R01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D685-003I01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Howse, Suzette V.

Mailing Address

P. O. Box 236756

City

Cocoa

State

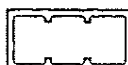
FL

Zip Code

32923

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D686-003J01

Date of Disbursement

MM / DD / YYYY
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)

437049.99

11020413879

**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 ☐ 18
☐ 20b ☐ 19a
☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D687-005r01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D688-003001

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Huizenga, H. Wayne

Mailing Address

450 E. Las Olas Blvd., #1500

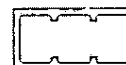
City
Fort Lauderdale

State
FL

Zip Code
33301

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D689-002z01

Date of Disbursement

MM / DD / YYYY
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

**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 ☐ 18
☐ 20b ☐ 19a
☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Hurley, John M.

Mailing Address

1835 S. Ocean Blvd., #L

City State Zip Code
Delray Beach FL 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Husband, Warren H.

Mailing Address

P. O. Box 10909

City State Zip Code
Tallahassee FL 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Iarossi, Nicholas V.

Mailing Address

4556 Grove Park Drive

City State Zip Code
Tallahassee FL 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 Disbursement

MM / DD / YYYY
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

11020412881

**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

Full Name (Last, First, Middle Initial)

A. Issenberg, S. Barry

Mailing Address

13745 N.W. 11th Street

City

Pembroke Pines

State

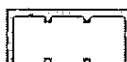
FL

Zip Code

33028

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D718-000Y01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D719-000Z01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Jallad, Johnny

Mailing Address

P. O. Box 1838

City

Winter Park

State

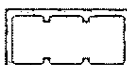
FL

Zip Code

32790

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D730-004m01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. Jallo, Jack

Mailing Address

290 Tall Oak Trail

City

Tarpon Springs

State

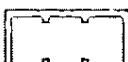
FL

Zip Code

34688

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

State:

District:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

Transaction ID: D731-00a101

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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 Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7500.00

465349.99

11020413883

**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 68 OF 145

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Jerger, Sandra P.

Mailing Address

5900 98th Avenue

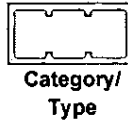
City
Pinellas Park

State
FL

Zip Code
33782

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D734-00Bn01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Jerger, Thomas J.

Mailing Address

5900 98th Avenue

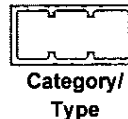
City
Pinellas Park

State
FL

Zip Code
33782

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D735-00Bm01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Jimenez, Pedro L.

Mailing Address

9298 S.W. 57th Avenue

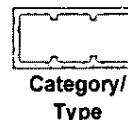
City
Pinecrest

State
FL

Zip Code
33156

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D739-00Bs01

Date of Disbursement

MM / DD / YYYY
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

**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 69 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Jimenez, Yamile

Mailing Address

9298 S.W. 57th Avenue

City

Pinecrest

State

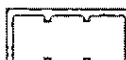
FL

Zip Code

33156

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D740-00Bt01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Jodat, Gary

Mailing Address

800 Marbury Lane

City

Longboat Key

State

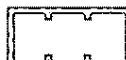
FL

Zip Code

34228

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D741-008e01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Joerger, Albert G.

Mailing Address

1510 Hyde Park Street

City

Sarasota

State

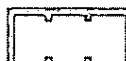
FL

Zip Code

34239

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D742-009b01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

5400.00

478149.99

11020413885

**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

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D743-009a01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D746-000o01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D747-003201

Date of Disbursement

MM / DD / YYYY
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

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)

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Johnson, Jane H.

Mailing Address

2 Point Circle

City
Little Rock

State
AR

Zip Code
72205

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D748-00Ut01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Johnson, Jon

Mailing Address

P. O. Box 10805

City
Tallahassee

State
FL

Zip Code
32302

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D749-000F01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Jones, John Paul

Mailing Address

4544 Minden Road

City
Memphis

State
TN

Zip Code
38117

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D750-00TS01

Date of Disbursement

MM / DD / YYYY
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)

7450.00

TOTAL This Period (last page this line number only)

492299.99

11020413887

**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

Full Name (Last, First, Middle Initial)

A. Jones, Paul T.

Mailing Address

92 Harbor Drive

City

Greenwich

State

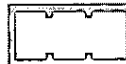
CT

Zip Code

06830

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary ☒ General
Other (specify): ▼

State:

District:

Transaction ID: D751-00EL01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary ☒ General
Other (specify): ▼

State:

District:

Transaction ID: D752-006k01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary ☒ General
Other (specify): ▼

State:

District:

Transaction ID: D753-00TR01

Date of Disbursement

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. Jones, Sonia M.

Mailing Address

92 Harbor Drive

City
Greenwich

State
CT

Zip Code
06830

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

State:

District:

Transaction ID: D754-00EK01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Jones, Tracey

Mailing Address

2435 Concord Creek Trail

City
Cumming

State
GA

Zip Code
30041

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

State:

District:

Transaction ID: D755-006I01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Kadre, Manuel

Mailing Address

5345 Hammock Drive

City
Coral Gables

State
FL

Zip Code
33156

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

State:

District:

Transaction ID: D757-00Bp01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 74 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Kaplan, Rina

Mailing Address

3241 N. 36th Street

City

Hollywood

State

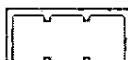
FL

Zip Code

33021

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D770-00YD01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Kargar, Morteza Hosseini

Mailing Address

2379 Belville Road

City

Daytona Beach

State

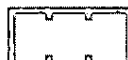
FL

Zip Code

32119

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D771-000Q01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Kargar, Nellie H.

Mailing Address

762 Cobblestone Way

City

Ormond Beach

State

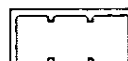
FL

Zip Code

32174

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D772-000P01

Date of Disbursement

MM / DD / YYYY
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)

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)

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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

Full Name (Last, First, Middle Initial)

A. Karp, Stephen R.

Mailing Address

1 Wells Avenue

City

Newton

State

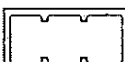
MA

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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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: D774-001I01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2350.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

7150.00

TOTAL This Period (last page this line number only)

519299.99

11020413891

**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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20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify): ▼

☒ General

Transaction ID: D776-003601

Date of Disbursement

08 / 22 / 2011

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify): ▼

☒ General

Transaction ID: D777-004R01

Date of Disbursement

08 / 22 / 2011

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. King, Francis E.

Mailing Address

4817 W. Woodmere Road

City

Tampa

State

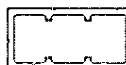
FL

Zip Code

33609

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

Transaction ID: D778-00GZ01

Date of Disbursement

08 / 22 / 2011

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D779-000B01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D780-000C01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Klepach, Bernard

Mailing Address

P. O. Box 380758

City

Miami

State

FL

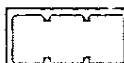
Zip Code

33238

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D782-00Zz01

Date of Disbursement

MM / DD / YYYY
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)

533899.99

11020413893

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D783-00a001

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
20 / 22 / 2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

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☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D785-000101

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
20 / 22 / 2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D786-00A401

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
20 / 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)

TOTAL This Period (last page this line number only)

7300.00

541199.99

**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)

PAGE 79 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D787-009Z01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D788-009W01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D789-008K01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
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)

7300.00

TOTAL This Period (last page this line number only)

548499.99

11020413895

**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

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D791-001y01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

900.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D792-00L801

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D793-00L901

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Lance, Christine P.

Mailing Address

245 Lansing Island Drive

City

Indian Harbour Beach

State

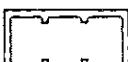
FL

Zip Code

32937

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D794-002T01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D795-002S01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Landau, Todd

Mailing Address

2121 N.E. 207th Street

City

Miami

State

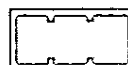
FL

Zip Code

33179

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D796-00Hr01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Landman, Alan H.

Mailing Address

400 S. Riverside Drive

City

Indialantic

State

FL

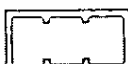
Zip Code

32903

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D797-007z01

Date of Disbursementmt

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Lawson, David A.

Mailing Address

279 Pine Needle Circle

City

Gaston

State

SC

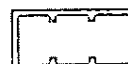
Zip Code

29053

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D804-000d01

Date of Disbursementmt

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D805-00V101

Date of Disbursementmt

MM / DD / YYYY
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

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D806-00V201

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D808-00XX01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D818-009Y01

Date of Disbursement

MM / DD / YYYY
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)

575399.99

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

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

FOR LINE NUMBER:
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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Ligocki, Paul B.

Mailing Address

25642 Cresta Loma

City

Laguna Niguel

State

CA

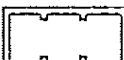
Zip Code

92677

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D819-00Ux01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Ligori, Christopher N.

Mailing Address

4420 W. Clear Avenue

City

Tampa

State

FL

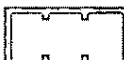
Zip Code

33629

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D820-008f01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Lindholm, Wayne

Mailing Address

25 Vista Montemar

City

Laguna Niguel

State

CA

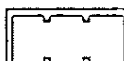
Zip Code

92677

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D821-00Uy01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Logan, Peter R.

Mailing Address

4584 35th Avenue Circle

City

Palmetto

State

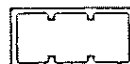
FL

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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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 Disbursement

MM / DD / YYYY
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)

588899.99

11020413901

**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 86 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D827-00Bk01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D828-009C01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Markowitz, Carla

Mailing Address

3936 Doral Drive

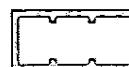
City
Tampa

State
FL

Zip Code
33634

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D829-00Yd01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

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)

PAGE 87 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Maury, Albert

Mailing Address

P. O. Box 652604

City
Miami

State
FL

Zip Code
33265

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Mazik, Kenneth

Mailing Address

4185 Kirkwood St. Georges Street

City
Bear

State
DE

Zip Code
19701

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. McGee, Wallace Gene

Mailing Address

215 S. Monroe Street, #306

City
Tallahassee

State
FL

Zip Code
32303

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

State:

District:

Transaction ID: D837-00HJ01

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D838-00Yu01

Date of Disbursement

MM / DD / YYYY
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

Transaction ID: D852-00GJ01

Date of Disbursement

MM / DD / YYYY
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

11020413002

**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 88 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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 Disbursement



Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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 Disbursement



Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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

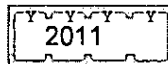
☒

General

Other (specify): ▼

Transaction ID: D855-00Ys01

Date of Disbursement



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

**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 89 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D856-008o01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D857-001R01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D858-001Q01

Date of Disbursement

MM / DD / YYYY
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)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D861-00A201

Date of Disbursement

MM / DD / YY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D862-00A301

Date of Disbursement

MM / DD / YY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D863-007c01

Date of Disbursement

MM / DD / YY
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)

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)

PAGE 91 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☒

Primary

☐

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D866-00Zw01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

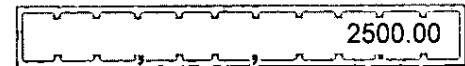
District:

Transaction ID: D867-00Yj01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Metz, Sherry R.

Mailing Address

7625 Skipper Lane

City

Tallahassee

State

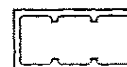
FL

Zip Code

32317

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D868-007e01

Date of Disbursement

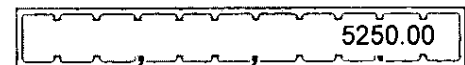


Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)



TOTAL This Period (last page this line number only)



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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

Other (specify): ▼

☒ General

Transaction ID: D869-007f01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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

Other (specify): ▼

☒ General

Transaction ID: D870-00E201

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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

Other (specify): ▼

☒ General

Transaction ID: D871-00E301

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7250.00

638199.99

**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)

PAGE 93 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D877-004E01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D881-004Z01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D884-008001

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

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)

PAGE 94 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Morgan, Larry C.

Mailing Address

11 Baymont Street, #1504

City

Clearwater Beach

State

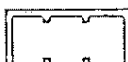
FL

Zip Code

33767

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D885-002Y01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Moya, Christopher R.

Mailing Address

6276 Whittendale Drive

City

Tallahassee

State

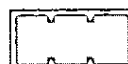
FL

Zip Code

32312

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D887-00GI01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Moyer, Leslie M.

Mailing Address

P. O. Box 1222

City

Anthony

State

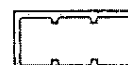
FL

Zip Code

32617

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D888-00GW01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
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)

PAGE 95 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D889-00GR01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D891-007p01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D892-00TW01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
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

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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

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D893-009S01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D894-007q01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D903-00Bv01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

5400.00

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)

PAGE 97 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Nickelson, Donald E.

Mailing Address

1701 Highway A1A, #218

City

Vero Beach

State

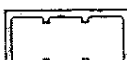
FL

Zip Code

32963

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D904-00Sj01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Oberndorf, William E.

Mailing Address

591 Redwood Highway, #3215

City

Mill Valley

State

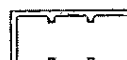
CA

Zip Code

94941

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D914-005701

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Olivera, Armando J.

Mailing Address

712 San Esteban Avenue

City

Coral Gables

State

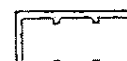
FL

Zip Code

33146

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D922-004H01

Date of Disbursement

MM / DD / YYYY
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

11020413913

**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 98 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Pak, Sam H.

Mailing Address

322 Lanternback Island Drive

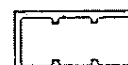
City
Satellite Beach

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 Disbursement

MM / DD / YYYY
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

11020413014

**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 99 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

Other (specify): ▼

☒

General

Transaction ID: D948-00E901

Date of Disbursement



Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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

Other (specify): ▼

☒

General

Transaction ID: D950-007d01

Date of Disbursement



Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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

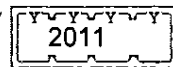
Other (specify): ▼

☒

General

Transaction ID: D955-00aq01

Date of Disbursement



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)

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)

PAGE 100 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D956-00ap01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D957-00Lm01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D958-004401

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D959-004501

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Paul-Hus, Colleen A.

Mailing Address

333 Las Olas Way, #3005

City

Fort Lauderdale

State

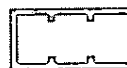
FL

Zip Code

33301

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D960-004001

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Paul-Hus, Eric

Mailing Address

8728 Wellington View Drive

City

West Palm Beach

State

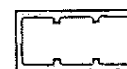
FL

Zip Code

33411

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D961-009E01

Date of Disbursement

MM / DD / YYYY
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

**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 102 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D962-004N01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D963-00Zf01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Perlin, Jared T.

Mailing Address

17308 White Haven Drive

City

Boca Raton

State

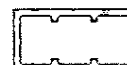
FL

Zip Code

33496

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D965-00Dy01

Date of Disbursement

MM / DD / YYYY
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

**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 103 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D966-001x01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1007-00Kf01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1008-004J01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

5500.00

709799.99

**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)

PAGE 104 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Pitisci, Pamela Jane

Mailing Address

609 E. Jackson Street, #100

City

Tampa

State

FL

Zip Code

33602

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

Other (specify):

Transaction ID: D1009-00Yk01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Poarch Creek Indians

Mailing Address

5811 Jack Springs Road

City

Atmore

State

AL

Zip Code

36503

Purpose of Disbursement
contribution refund

Candidate Name

Office Sought:

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

Other (specify):

Transaction ID: D1013-00FL01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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

Office Sought:

State:

District:

Disbursement For:

☐ Primary
☐ Other (specify):

☒ General

Other (specify):

Transaction ID: D1025-001801

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 105 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Prysock, Gregory D.

Mailing Address

1408 Moss Creek Drive

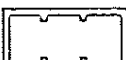
City
Jacksonville

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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Quilty, Michael J.

Mailing Address

1 Surrey Lane

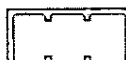
City
Rockville Centre

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 Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Read, Benjamin D.

Mailing Address

1232 Stonehurst Way

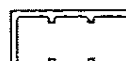
City
Tallahassee

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 Disbursement

MM / DD / YYYY
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)

723199.99

11020413921

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1046-00ab01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1049-003P01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1050-003Q01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1070-003v01

Date of Disbursementmt

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1071-003w01

Date of Disbursementmt

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1072-008601

Date of Disbursementmt

MM / DD / YYYY
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

**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

Full Name (Last, First, Middle Initial)

A. 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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Rimes, James

Mailing Address

P. O. Box 10248

City

Tallahassee

State

FL

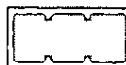
Zip Code

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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

745199.99

**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)

PAGE 109 OF 145

☐ 17
☒ 20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1076-002q01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1077-002r01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1079-00GT01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

752499.99

**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 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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 Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

759699.99

**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)

PAGE 111 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1083-00ao01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1084-00GO01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1085-007K01

Date of Disbursement

MM / DD / YYYY
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

**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 112 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

Other (specify): ▼

☒

General

Transaction ID: D1086-00XD01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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

Other (specify): ▼

☒

General

Transaction ID: D1094-00aw01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Ross, Stephen M.

Mailing Address

702 N. County Road

City

Palm Beach

State

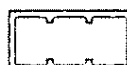
FL

Zip Code

33480

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

State:

District:

Disbursement For:

☐
☐

Primary

Other (specify): ▼

☒

General

Transaction ID: D1095-005F01

Date of Disbursement

MM / DD / YYYY
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

**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 113 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D1097-004v01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D1098-004w01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D1099-00W01

Date of Disbursement

MM / DD / YYYY
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

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)

PAGE 114 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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

Other (specify): ▼

☒

General

Transaction ID: D1101-00BI01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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

Other (specify): ▼

☒

General

Transaction ID: D1102-005q01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Rush, James Adam

Mailing Address

P. O. Box 80298

City

Baton Rouge

State

LA

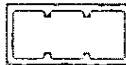
Zip Code

70898

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

State:

District:

Disbursement For:

☐
☐

Primary

Other (specify): ▼

☒

General

Transaction ID: D1103-005p01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 115 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D1104-00YW01

Date of Disbursement

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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D1105-00YR01

Date of Disbursement

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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒ General

Other (specify): ▼

State:

District:

Transaction ID: D1106-00Hz01

Date of Disbursement

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

11020413931

**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 116 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify): ▼

☒ General

Transaction ID: D1113-00Ls01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify): ▼

☒ General

Transaction ID: D1114-00Lr01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify): ▼

☒ General

Transaction ID: D1115-00V001

Date of Disbursement

MM / DD / YYYY
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

**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 117 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Scaringe, Robert

Mailing Address

6191 Anchor Lane

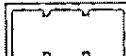
City
Rockledge

State
FL

Zip Code
32955

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1117-003501

Date of Disbursement

MM / DD / YY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1118-00Sr01

Date of Disbursement

MM / DD / YY
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

Full Name (Last, First, Middle Initial)

C. Schutt, Leslie D.

Mailing Address

10344 Twin Bridges Cove

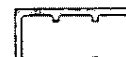
City
Eads

State
TN

Zip Code
38028

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1119-00Sq01

Date of Disbursement

MM / DD / YY
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

**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 118 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1120-00BZ01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Scott, Rebecca J.

Mailing Address

251 W. Coconut Palm Road

City

Boca Raton

State

FL

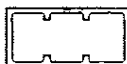
Zip Code

33432

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1121-00Bc01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1122-00Bb01

Date of Disbursement

MM / DD / YYYY
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)

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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

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1156-008901

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1157-004G01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1158-001A01

Date of Disbursement

MM / DD / YYYY
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)

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)

PAGE 120 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Slattery, Diane L.

Mailing Address

8150 Perry Maxwell Circle

City

Sarasota

State

FL

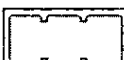
Zip Code

34240

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1159-007i01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Slattery, James F.

Mailing Address

8150 Perry Maxwell Circle

City

Sarasota

State

FL

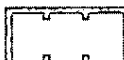
Zip Code

34240

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1160-001B01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Slattery, Mike H.

Mailing Address

4411 Bee Ridge Road, #190

City

Sarasota

State

FL

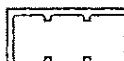
Zip Code

34233

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1161-00L601

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

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)

PAGE 121 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Slattery, Stacy L.

Mailing Address

538 Silk Oak Drive

City

Venice

State

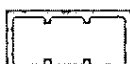
FL

Zip Code

34293

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1162-00L701

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Slawson, Richard W.

Mailing Address

2401 PGA Boulevard, #140

City

Palm Beach Gardens

State

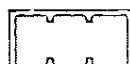
FL

Zip Code

33410

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1163-002h01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Smith, Carole C.

Mailing Address

10300 McCracken Road

City

Tallahassee

State

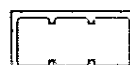
FL

Zip Code

32309

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1165-007Q01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

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)

PAGE 122 OF 145

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

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1166-00WP01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Smith, James C.

Mailing Address

10300 McCracken Road

City

Tallahassee

State

FL

Zip Code

32309

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1167-007P01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Soffer, Donald M.

Mailing Address

19501 Biscayne Blvd., #400

City

Aventura

State

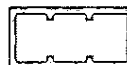
FL

Zip Code

33180

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1168-00EC01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

6800.00

TOTAL This Period (last page this line number only)

841549.99

11020413938

**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 ☐ 18
☐ 20b ☐ 19a
☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1169-00E701

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1170-00E801

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1171-00Hh01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

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)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1172-00He01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

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☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1179-00bw01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Spearman, Callena R.

Mailing Address

2050 Trescott Drive

City

Tallahassee

State

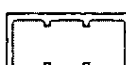
FL

Zip Code

32308

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

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☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1180-00bx01

Date of Disbursement

MM / DD / YYYY
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)

856149.99

11020413940

**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

Full Name (Last, First, Middle Initial)

A. Spearman, Delores O.

Mailing Address

51 Ridge Court

City

Rockledge

State

FL

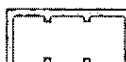
Zip Code

32955

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1181-002s01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Spearman, Guy M.

Mailing Address

516 Delannoy Avenue

City

Cocoa

State

FL

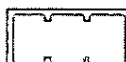
Zip Code

32922

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1182-002t01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Speer, George G.

Mailing Address

5139 Magnolia Bay Circle

City

Palm Beach Gardens

State

FL

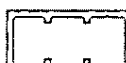
Zip Code

33418

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1183-004Q01

Date of Disbursement

MM / DD / YYYY
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)

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)

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1198-004101

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1199-000n01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1200-00Uu01

Date of Disbursement

MM / DD / YYYY
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)

870649.99

11020413942

**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 127 OF 145

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Stork, Carmen N.

Mailing Address

2900 59th Avenue

City

Vero Beach

State

FL

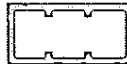
Zip Code

32966

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1201-000G01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Stork, Michael L.

Mailing Address

2230 Howell Lane

City

Malabar

State

FL

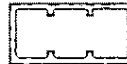
Zip Code

32950

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

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☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

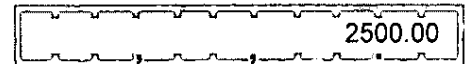
District:

Transaction ID: D1202-007v01

Date of Disbursement



Amount of Each Disbursement this Period



☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

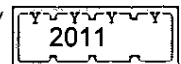
Other (specify): ▼

State:

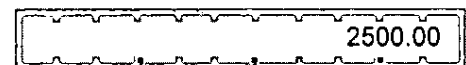
District:

Transaction ID: D1203-007w01

Date of Disbursement



Amount of Each Disbursement this Period

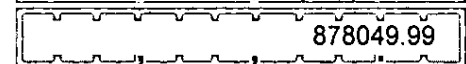


☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)



TOTAL This Period (last page this line number only)



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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1204-000H01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1205-00Bq01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1206-00Br01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7400.00

885449.99

1102041394A

**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 129 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

District:

Disbursement For:

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Primary

Other (specify): ▼

☒

General

State:

Transaction ID: D1224-002U01

Date of Disbursement



Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

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☐
☐

District:

Disbursement For:

☐
☐

Primary

Other (specify): ▼

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General

State:

Transaction ID: D1225-002V01

Date of Disbursement



Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

District:

Disbursement For:

☐
☐

Primary

Other (specify): ▼

☒

General

State:

Transaction ID: D1226-00XF01

Date of Disbursement



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)

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)

PAGE 130 OF 145

☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Swartz, James H.

Mailing Address

51 Bermuda Lake Drive

City

Palm Beach Gardens

State

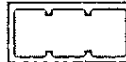
FL

Zip Code

33418

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1227-00XG01

Date of Disbursement

☐ 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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1228-00Vs01

Date of Disbursement

☐ 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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1229-009201

Date of Disbursement

☐ 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)

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)

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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

Full Name (Last, First, Middle Initial)

A. Tabernilla, Armando A.

Mailing Address

213 E. Lakewood Road

City

West Palm Beach

State

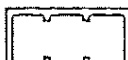
FL

Zip Code

33405

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1235-003C01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Tejedor, Bonifacio L.

Mailing Address

3131 W. Burke Street

City

Tampa

State

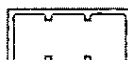
FL

Zip Code

33614

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1239-00ZT01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1240-00Ze01

Date of Disbursement

MM / DD / YYYY
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)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1241-00Zd01

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
22 / 22 / 2011

MM / DD / YYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1242-00Zc01

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
22 / 22 / 2011

MM / DD / YYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1247-00LD01

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
22 / 22 / 2011

MM / DD / YYY
2011

Amount of Each Disbursement this Period

2450.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7450.00

913949.99

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)

PAGE 133 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Thornton, Harkley R.

Mailing Address

4403 Willow Shade Court

City

Orlando

State

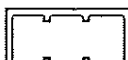
FL

Zip Code

32835

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1249-000D02

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1250-00LE01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Thornton, Stacy J.

Mailing Address

4403 Willow Shade Court

City

Orlando

State

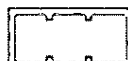
FL

Zip Code

32835

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1252-000E02

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7450.00

921399.99

11020413949

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Tober, Robert B.

Mailing Address

2240 Southwinds Drive

City

Naples

State

FL

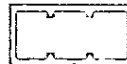
Zip Code

34102

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1257-000f01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1259-009Q01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1263-00Um01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7500.00

928899.99

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1267-004T01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Tunnickliff, 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1271-00BA01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1272-00XN01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7300.00

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)

PAGE 136 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1273-00GY01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
20 / 22 / 2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1274-002x01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
20 / 22 / 2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1290-00JH01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
20 / 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)

TOTAL This Period (last page this line number only)

7400.00

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)

PAGE 137 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Underwood, Katherine

Mailing Address

1117 Ponte Vedra Blvd.

City

Ponte Vedra Beach

State

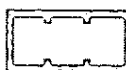
FL

Zip Code

32082

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1291-00av01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1292-00au01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Ulrich, 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1330-00E401

Date of Disbursement

MM / DD / YYYY
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

**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 138 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1342-00Us01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1344-002y01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Waheed, Aamir

Mailing Address

314 Alexandra Woods Drive

City

Debarry

State

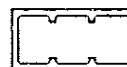
FL

Zip Code

32713

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐☐☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1353-007a01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

**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 139 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1360-00JI01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1363-009i01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1364-009h01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

6000.00

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)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Wester, Gerald C.

Mailing Address

7085 Ox Bow Road

City

Tallahassee

State

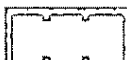
FL

Zip Code

32312

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1378-002101

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

900.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1379-00Uh01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
2011

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. White, Guy H.

Mailing Address

136 Woodmont Way

City

Ridgeland

State

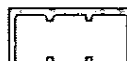
MS

Zip Code

39157

Purpose of Disbursement
contribution refund

Candidate Name



Category/
Type

Office Sought:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1380-000u01

Date of Disbursement

MM / DD / YY
08 / 22 / 2011

MM / DD / YY
22 / 22 / 2011

MM / DD / YY
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)

TOTAL This Period (last page this line number only)

5700.00

970099.99

11020413956

**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

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1381-005001

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1382-00Ui01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D1383-00Kn01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7100.00

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)

PAGE 142 OF 145

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20b ☐ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1384-006j01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1385-00Uv01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

1250.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1386-00Uw01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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)

PAGE 143 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Winter, William H.

Mailing Address

601 W. Swann Avenue

City

Tampa

State

FL

Zip Code

33606

Purpose of Disbursement

contribution refund

Candidate Name

Office Sought:

State: District:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

Transaction ID: D1391-00YT01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. Young, Melissa Geneva

Mailing Address

3327 Gables Drive, N.E.

City

Atlanta

State

GA

Zip Code

30319

Purpose of Disbursement

contribution refund

Candidate Name

Office Sought:

State: District:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

Transaction ID: D1396-002E01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. Youngblood, Samuel C.

Mailing Address

12903 Delivery Drive

City

San Antonio

State

TX

Zip Code

78247

Purpose of Disbursement

contribution refund

Candidate Name

Office Sought:

State: District:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify): ▼

Transaction ID: D1397-000t01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

7200.00
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)

PAGE 144 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1400-003p01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1401-003q01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
2011

Amount of Each Disbursement this Period

2400.00

☐ Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. 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:

☐

☐

☐

Disbursement For:

☐

Primary

☒

General

☐

Other (specify): ▼

State:

District:

Transaction ID: D1402-00UY01

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

MM / DD / YYYY
22 / 22 / 2011

MM / DD / YYYY
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

**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 145 OF 145

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1403-00UZ01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐
☐
☐

Disbursement For:

☐ Primary
☐ Other (specify): ▼

☒ General

State:

District:

Transaction ID: D1405-009m01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

5000.00

1001599.99

**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)

PAGE 1 OF 2

☐ 17
20a ☐ 18
20b ☒ 19a
20c ☐ 21

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NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D79-009F01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

B. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D400-003I01

Date of Disbursement

MM / DD / YYYY
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

Full Name (Last, First, Middle Initial)

C. 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:

☐

Disbursement For:

☐ Primary

☒ General

☐ Other (specify): ▼

State:

District:

Transaction ID: D913-003o01

Date of Disbursement

MM / DD / YYYY
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)

TOTAL This Period (last page this line number only)

10000.00

10000.00

11020413962

**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

Full Name (Last, First, Middle Initial)

A. Southern Wine & Spirits PAC

Mailing Address

1600 N.W. 163rd Street

City

Miami

State

FL

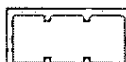
Zip Code

33169

Purpose of Disbursement

contribution refund

Candidate Name



Category/
Type

Office Sought:

☐
☐
☐

Disbursement For:

☐
☐

Primary

☒

General

Other (specify): ▼

State:

District:

Transaction ID: D1177-000i01

Date of Disbursement

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
08 / 22 / 2011

MM / DD / YYY
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)

TOTAL This Period (last page this line number only)

5000.00

15000.00

11020413963

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

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 3

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

Excluding Loans

NAME OF COMMITTEE (in Full)
Friends of Mike H

C00492231

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Timothy Philpot			Nature of Debt (Purpose): telephone
Mailing Address 500 Bayou Blvd.			
City Pensacola	State FL	Zip Code 32503	

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			Nature of Debt (Purpose): travel/meals
Mailing Address 4385 Crooked Mile Road			
City Merritt Island	State FL	Zip Code 32952	

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.			Nature of Debt (Purpose): campaign management
Mailing Address 6211 N.W. 132nd Avenue			
City Gainesville	State FL	Zip Code 32653	

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)
- 2) **TOTALS** This Period (last page this line number only)
- 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
0.00
0.00
0.00

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

(Use separate
schedule(s)
for each
numbered line)

PAGE 2 OF 3

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

Excluding Loans

NAME OF COMMITTEE (in Full)

Friends of Mike H

C00492231

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Parker Rentals

Nature of Debt (Purpose):

office rent

Mailing Address

3089 White Ibis Way

City

Tallahassee

State

FL

Zip Code

32309

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

Nature of Debt (Purpose):

advertising

Mailing Address

P. O. Box 11804

City

Fort Lauderdale

State

FL

Zip Code

33339

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

Nature of Debt (Purpose):

travel/meals

Mailing Address

P. O. Box 65459

City

Washington

State

DC

Zip Code

20035

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

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

(Use separate
schedule(s)
for each
numbered line)

PAGE 3 OF 3

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

Excluding Loans

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			Nature of Debt (Purpose): research
Mailing Address P. O. Box 424			
City Tallahassee	State FL	Zip Code 32302	

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			Nature of Debt (Purpose): travel/meals
Mailing Address P. O. Box 424			
City Tallahassee	State FL	Zip Code 32302	

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

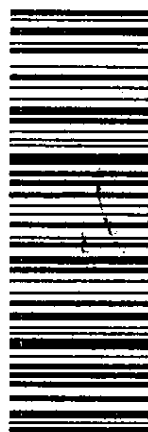
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meredith O'Rourke			Nature of Debt (Purpose): unreimbursed travel expenses
Mailing Address 2118 E. Randolph Circle			
City Tallahassee	State FL	Zip Code 32308	

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)
- 2) **TOTALS** This Period (last page this line number only)
- 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
0.00
0.00
0.00

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COMPANY

Public Accountants
Boulevard
Florida 33606

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Secretary of the Senate
Office of Public Records
P. O. Box 2517
Alexandria, VA 22301-0517

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United States Senate

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	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
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UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

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Date of Receipt

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Date of Receipt or Postmark

PREPARER RD DATE PREPARED **10.18.11**

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