

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

MICA FOR CONGRESS

ADDRESS (number and street) ▼

P. O. Box 181546

Check if different than previously reported. (ACC)

Casselberry

FL

32718

2. **FEC IDENTIFICATION NUMBER** ▼

C C00283051

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

07

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer W Edward Langdon

Signature of Treasurer W Edward Langdon

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MICA FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	196108.89	582864.89
(b) Total Contribution Refunds (from Line 20(d))	4600.00	5600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	191508.89	577264.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43432.52	254072.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3911.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43432.52	250160.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	506595.66	
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).....	10000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MICA FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	105740.00	213414.00
(ii) Unitemized.....	30143.89	53225.89
(iii) TOTAL of contributions from individuals ▶	135883.89	266639.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	60225.00	316225.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	196108.89	582864.89
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.)	0.00	3911.70
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	12.87	174.51
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	196121.76	586951.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43432.52	254072.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	4600.00	4600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4600.00	5600.00
21. OTHER DISBURSEMENTS	500.00	46450.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	48532.52	306122.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	359006.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	196121.76
25. SUBTOTAL (add Line 23 and Line 24).....	555128.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48532.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	506595.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Col Joseph W Kittinger Jr

Mailing Address 608 Mariner Way

City Altamonte Springs State FL Zip Code 32701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 14 / 2014

Transaction ID : 0035194

Amount of Each Receipt this Period
 1000.00

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

Mailing Address Severn Farm
3878 Blufton Mill Road

City Free Union State VA Zip Code 22940

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

Name of Employer John Dudinsky & Assoc. Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 0035250

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Mr. Scott Peelen

Mailing Address 201 W. Canton, Ste 150

City Winter Park State FL Zip Code 32789

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

Name of Employer Moreno, Peelen & Company Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 0035251

Amount of Each Receipt this Period
 100.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Husein Cumber		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2014	
Mailing Address 2325 River Road		Transaction ID : 0035925	
City Jacksonville	State FL	Zip Code 32207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Florida East Coast Railway	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Mrs. Jacqueline G. Rooney		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 9652 Preston Trl. W		Transaction ID : 0035252	
City Ponte Vedra Beach	State FL	Zip Code 32082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Vanness Co.	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Janet Westling		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 3241 Old Barn Rd W.		Transaction ID : 0035253	
City Ponte Vedra Beach	State FL	Zip Code 32082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer self	Occupation Housewife		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Joseph John Polich Jr

Mailing Address 630 S. Maitland Ave., Suite 110

City Maitland	State FL	Zip Code 32751
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FEC ID number of contributing federal political committee. **C**

Name of Employer Law Office of Joseph J. Polich	Occupation Attorney
----------------------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : 0035595

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Daniel FitzGerald Runde

Mailing Address 6910 Bonheim Ct

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer CSIS	Occupation Teacher
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : 0035919

Amount of Each Receipt this Period
500.00

On line contribution

C. Full Name (Last, First, Middle Initial)
Mr. Roger D. Coverley

Mailing Address 265 Adair Ave

City Longwood	State FL	Zip Code 32750
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 13 / 2014

Transaction ID : 0035317

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wayne John Hunicke

Mailing Address 547 Timber Ridge Dr

City Longwood State FL Zip Code 32779-2646

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

Name of Employer Advantage Management Systems Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : 0035326

Amount of Each Receipt this Period
100.00

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

Mailing Address 950 Markham Woods Rd.

City Longwood State FL Zip Code 32779

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

Name of Employer Gregg Properties, Inc. Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : 0035512

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. James Perris

Mailing Address 149 Thornberry Drive

City Casselberry State FL Zip Code 32707

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : 0035514

Amount of Each Receipt this Period
200.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

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

Mailing Address PO Box 626

City Winter Park State FL Zip Code 32790

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

Name of Employer Beck Family Foundation Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : 0035515

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert N. Parsell Jr.

Mailing Address 4919 Shoreline Circle

City Sanford State FL Zip Code 32771

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

Name of Employer Ace Hardware Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : 0035517

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Leonard E. Williams

Mailing Address 2518 Norfolk Road

City Orlando State FL Zip Code 32803

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

Name of Employer Wayne Densch, Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : 0035518

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

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

Mailing Address 455 Eagle Cir

City State Zip Code
Casselberry FL 32707

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : 0035585

Amount of Each Receipt this Period
 10.00

B. Full Name (Last, First, Middle Initial)
Dr. Jefferson S. Flowers

Mailing Address 117 Whitecaps Circle

City State Zip Code
Maitland FL 32751

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

Name of Employer Occupation
Flowers Chemical Laboratories Businessperson

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : 0035606

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Edmund S. Greenwell

Mailing Address 450 Longwood Hills Rd.

City State Zip Code
Longwood FL 32750

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : 0035607

Amount of Each Receipt this Period
 300.00

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

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

560.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) Mr. Troy W Todd		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 205 Magnolia Lake Dr		Transaction ID : 0035608
City Longwood	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Mr. A. William Forness Jr.		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 289 Trismen Terrace		Transaction ID : 0035611
City Winter Park	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Certified Public Acct.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Mr. Thomas G. Menninger		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 518 Sundown Trail		Transaction ID : 0035612
City Casselberry	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Grace E. Lyons

Mailing Address 1868 Knight Ave

City Orlando State FL Zip Code 32826

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : 0035666

Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Russel K. Shaw

Mailing Address 130 Crystal View South

City Sanford State FL Zip Code 32773

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

Name of Employer self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 0035800

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Mrs. Karen Diebel Sessions

Mailing Address 127 W. Fairbanks Ave #482

City Winter Park State FL Zip Code 32789

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

Name of Employer Verizon Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 0035802

Amount of Each Receipt this Period
 250.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Diana Sherry

Mailing Address 553 South Longview Pl

City Longwood State FL Zip Code 32779

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

Name of Employer self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 0035803

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Day

Mailing Address 3480 Rockcliff Place

City Longwood State FL Zip Code 32779

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

Name of Employer Control Technologies Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 0035804

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. John A. Cline

Mailing Address 4501 35th Road North

City Arlington State VA Zip Code 22207

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

Name of Employer C2 Group Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 0035917

Amount of Each Receipt this Period
 500.00
 On line contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Samuel Woociker

Mailing Address 445 Warrior Trl

City Deltona State FL Zip Code 32725

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : 0035826

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. William R. Miller

Mailing Address 147 Variety Tree Cir

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : 0035842

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul M. Melvin

Mailing Address 7514 Laurel Springs Drive

City Winter Park State FL Zip Code 32792

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : 0035845

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 119	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Claude Gardner

Mailing Address 65 Crooked Pine Road

City Port Orange	State FL	Zip Code 32128
---------------------	-------------	-------------------

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

Name of Employer Prudential Transact Realty, Inc.	Occupation Realtor
------------------------------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2014

Transaction ID : 0035487

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. David D Ogle Jr

Mailing Address 220 S Venetian Way

City Port Orange	State FL	Zip Code 32127
---------------------	-------------	-------------------

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

Name of Employer Hawkins, Hall & Ogle Architecture and	Occupation OWNER
-----------------------------------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2014

Transaction ID : 0035488

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Sheriff Guindi

Mailing Address 1004 Hampstead Lane

City Ormond Beach	State FL	Zip Code 32174
----------------------	-------------	-------------------

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

Name of Employer Prudential Transact Realty, Inc.	Occupation Realtor
------------------------------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2014

Transaction ID : 0035489

Amount of Each Receipt this Period
250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 119
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E. Joseph LeCompte DDS

Mailing Address 3890 Turtle Creek Drive
Suite A

City State Zip Code
Port Orange FL 32127

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

Name of Employer self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035490

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Kathleen L. Crotty

Mailing Address 106 N Saint Andrews Drive

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Crotty & Bartlett, P.A. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035491

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry Bartlett

Mailing Address 106 N St. Andrews Drive

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Crotty & Bartlett Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035492

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Blaine Staed Lansberry

Mailing Address 1980 S. Peninsula Dr

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Staed Family Associates Hotel Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035493

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Anita Hasnain-Cruise

Mailing Address 4220 Gabriella Lane

City State Zip Code
Winter Park FL 32792

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

Name of Employer Occupation
Sodexo Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035494

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Bradley Giles

Mailing Address 113 Rio Pinar Trail

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Giles Electric Company, Inc. Businessperson

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035495

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Parker K. Mynchenberg

Mailing Address 1729 Ridgewood Ave

City State Zip Code
Holly Hill FL 32117

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

Name of Employer Occupation
Parker Mynchenberg & Asso., Inc. Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035496

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Donald Fullerton

Mailing Address 4255 Stacey Rd

City State Zip Code
Jacksonville FL 32265

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

Name of Employer Occupation
Prosser-Hallock Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035497

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles A Coleman

Mailing Address 305 John Anderson Dr

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Coleman Goodemote Construction President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035498

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey G. Feasel

Mailing Address 6064 Sabal Crossing Ct.

City Port Orange	State FL	Zip Code 32128
---------------------	-------------	-------------------

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

Name of Employer Halifax Community Health System	Occupation Executive
-----------------------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035499

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Harold L. Goodemote II

Mailing Address 145 N. Halifax Ave, #805

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coleman-Goodemote Construction	Occupation Executive
----------------------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035500

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Sharon M. France

Mailing Address 1147 N. Halifax Ave

City Daytona Beach	State FL	Zip Code 32118
-----------------------	-------------	-------------------

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

Name of Employer self	Occupation Housewife
--------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035501

Amount of Each Receipt this Period
2600.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Morteza H. Hosseini

Mailing Address 1116 Oxbridge Lane

City Ormond Beach State FL Zip Code 32174

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

Name of Employer: Intervest Construction Occupation: Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 02 / 20 / 2014

Transaction ID : 0035502

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Morteza H. Hosseini

Mailing Address 1116 Oxbridge Lane

City Ormond Beach State FL Zip Code 32174

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

Name of Employer: Intervest Construction Occupation: Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 02 / 20 / 2014

Transaction ID : 0035503

Amount of Each Receipt this Period: 4900.00

C. Full Name (Last, First, Middle Initial)
Mrs. Forough Hosseini

Mailing Address 1116 Oxbridge Lane

City Ormond Beach State FL Zip Code 32174

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

Name of Employer: ICI Homes Occupation: Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 02 / 20 / 2014

Transaction ID : 0035504

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Forough Hosseini

Mailing Address 1116 Oxbridge Lane

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
ICI Homes Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : 0035505

Amount of Each Receipt this Period
4900.00

B. Full Name (Last, First, Middle Initial)
Mr. James C. France

Mailing Address P. O. Box 2801

City State Zip Code
Daytona Beach FL 32120-2801

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

Name of Employer Occupation
International Speedway Corp. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : 0035506

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. James C. France

Mailing Address P. O. Box 2801

City State Zip Code
Daytona Beach FL 32120-2801

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

Name of Employer Occupation
International Speedway Corp. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : 0035507

Amount of Each Receipt this Period
2600.00

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

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

10100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Blank

Mailing Address 1600 N Oak St. #1017

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation
Wexler & Walker Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035596

Amount of Each Receipt this Period
500.00

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

Mailing Address 21013 Lake Vienna Drive

City State Zip Code
Land O'Lakes FL 34638

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

Name of Employer Occupation
COBBE CONSULTING & MGT Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035870

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David E Mallen PA

Mailing Address 120 E. Robinson Street

City State Zip Code
Orlando FL 32801

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

Name of Employer Occupation
Law Office of David Mallen Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035871

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 119	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Dean Sider M.D.

Mailing Address 140 E. Morse Blvd., Residence M

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer ANESTHESIOLOGISTS OF GREATER ORLA	Occupation Physician
-------------------------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035872

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
Carol E Zurcher

Mailing Address 1302 Orange Ave

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer THOMAS BECK ZURCHER & WHITE P.A.	Occupation Attorney
------------------------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035873

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
Michael M Bell

Mailing Address 3358 Bellington Dr

City Orlando	State FL	Zip Code 32835
-----------------	-------------	-------------------

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

Name of Employer BELL & ROPER, P.A.	Occupation Attorney
----------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035874

Amount of Each Receipt this Period
 _____ 250.00

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

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

_____ 750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jennifer Thompson

Mailing Address 2627 Guiana Plum Drive

City Orlando State FL Zip Code 32828

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

Name of Employer Orange County Commissioner Occupation Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035875

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Jeffrey E Mandel

Mailing Address 3271 Lakeview Oaks Dr

City Longwood State FL Zip Code 32779

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

Name of Employer FISHER & PHILLIPS, LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035876

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Michael John Roper

Mailing Address 419 Raehn Street

City Orlando State FL Zip Code 32806

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

Name of Employer Bell & Roper, P.A. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035877

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) Carol E Zurcher		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 1302 Orange Ave		Transaction ID : 0035878
City Winter Park	State FL	
Zip Code 32789	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer THOMAS BECK ZURCHER & WHITE P.A.	Occupation Attorney	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Usher Brown		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address PO Box 2873		Transaction ID : 0035879
City Orlando	State FL	
Zip Code 32802	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Brown, Garganese, Weiss & D'Agresta, P	Occupation Attorney	Election Cycle-to-Date 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) G. Grady McBride MD		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 475 Lakewood Drive		Transaction ID : 0035880
City Winter Park	State FL	
Zip Code 32789	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer ORLANDO ORTHOPAEDIC CENTER	Occupation Physician	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John F Byrnes Jr

Mailing Address 1929 Cadium Pl

City Longwood State FL Zip Code 32750

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

Name of Employer S.C.S./PHYSICIAN ASSISTANTS Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035881

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1302 Orange Avenue

City Winter Park State FL Zip Code 32789

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

Name of Employer Thomas, Zurcher & White, P.A. Occupation Certified Public Acct.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035882

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Eric R Eide

Mailing Address 1326 Waterwitch Cove Cir

City Orlando State FL Zip Code 32806

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

Name of Employer Grower Ketcham Rutherford Bronson Ei Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035883

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. William Silverman

Mailing Address 1248 Wellington Terrace

City Maitland State FL Zip Code 32751

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

Name of Employer self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035884

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Kevin C Joyce

Mailing Address 1158 Harbor Hill St

City Winter Garden State FL Zip Code 34787

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

Name of Employer Exec Director, Orlando Orthopaedic Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035885

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark J. Klafter

Mailing Address 2629 Upper Park Rd

City Orlando State FL Zip Code 32814

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035886

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bradd Burkhart

Mailing Address 1600 Legion Drive

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer ORLANDO ORTHOPAEDIC CENTER	Occupation Physician
------------------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035887

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Morgan A Indek

Mailing Address 218 Duncan Trl

City Longwood	State FL	Zip Code 32779
------------------	-------------	-------------------

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

Name of Employer EraclidesGelman Hall Indek Goodman &	Occupation Attorney
----------------------------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035888

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Eric G Bonenberger

Mailing Address 10539 Emerald Chase Dr

City Orlando	State FL	Zip Code 32836
-----------------	-------------	-------------------

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

Name of Employer ORLANDO ORTHOPAEDIC CENTER	Occupation Physician
------------------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035889

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan W Christensen

Mailing Address 1011 Lincoln Cir

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
ORLANDO ORTHOPAEDIC CENTER Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035890

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey P Rosen

Mailing Address 1684 Indian Dance Court

City State Zip Code
Maitland FL 32751

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

Name of Employer Occupation
Orlando Orthopaedic Center Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035891

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Steven E Weber

Mailing Address 9217 Tibet Pointe Cir

City State Zip Code
Windermere FL 32786

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

Name of Employer Occupation
Orlando Orthopaedic Center Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035892

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Tamara Topoleski MD

Mailing Address 25 W Crystal Lake St #200

City Orlando State FL Zip Code 32806

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

Name of Employer Orlando Orthopaedic Center Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035893

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mark A Beckner MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035894

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Charles M May

Mailing Address 909 Red Fox Rd

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Jewett Orthopaedic Clinic Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035895

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Steven C Choung MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035896

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael V Jablonski MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035897

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Philip A Meinhardt MD

Mailing Address 1285 Orange ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035898

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Craig M Mintzer MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035899

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph B Billings DO

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035900

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Reginald L Tall MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035901

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Richard M Konsens MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035902

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Adam S Fenichel MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035903

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Hugh B Morris MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789

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

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035904

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Lawrence S. Halperin

Mailing Address 408 Spring Valley Lane

City State Zip Code
Altamonte Springs FL 32714

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

Name of Employer Occupation
Orlando Orthopaedic Center Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035905

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
Dr. Brian K Barnard MD

Mailing Address 1285 Orange Ave

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Jewett Orthopaedic Clinic Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035906

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen R. Goll

Mailing Address 711 Pinetree Rd

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
self Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035907

Amount of Each Receipt this Period
750.00

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

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

2200.00

**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 35 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Noah A Babins MD

Mailing Address 100 S Virginia Ave #320

City Winter Park State FL Zip Code 32789

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

Name of Employer Sheridan Healthcorp Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035908

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Moreno-Haramboure

Mailing Address 8581 Summerville Place

City Orlando State FL Zip Code 32819

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

Name of Employer Moreno Peelin Pinton & Clark Financial Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035911

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
David T Chapin

Mailing Address 1116 Arbor Glen Cir

City Casselberry State FL Zip Code 32708

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

Name of Employer Jones, Lang, LaSalle, Commerical RE Occupation Certified Public Acct.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035912

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 36 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jose Gonzalez

Mailing Address 3200 SW 80th Ave

City Miami State FL Zip Code 33155

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

Name of Employer Occupation
CARIBBEAN LUMBER INTL Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035914

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Jay Kislak

Mailing Address 7900 Miami Lakes Dr. W

City Miami State FL Zip Code 33015

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

Name of Employer Occupation
The Kislak Organization Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035915

Amount of Each Receipt this Period
 1800.00

C. Full Name (Last, First, Middle Initial)
Mr. Vipin C. Mehta

Mailing Address 7125 Horizon Circle

City Windermere State FL Zip Code 32786

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

Name of Employer Occupation
Mehta & Associates Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035916

Amount of Each Receipt this Period
 1000.00

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

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

3800.00

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

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

FOR LINE NUMBER: PAGE 37 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel M Frohwein MD

Mailing Address 9325 Southern Breeze Dr

City Orlando State FL Zip Code 32836

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

Name of Employer ORLANDO ORTHOPAEDIC CENTER Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0036406

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Randy Schwartzberg

Mailing Address 111 Arrowhead Court

City Winter Springs State FL Zip Code 32708

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

Name of Employer Orlando Orthopedic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0036407

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Enrique A. Ramos

Mailing Address 473 Center Island Dr

City Miami State FL Zip Code 33160

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

Name of Employer Secure Wrap Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : 0036356

Amount of Each Receipt this Period
 500.00

On line contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 119	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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

NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ron Roby

Mailing Address 2141 Glencoe Road

City Winter Park	State FL	Zip Code 32789
---------------------	-------------	-------------------

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

Name of Employer Roby Law Firm	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : 0035942

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Mr. Fred E. Piering

Mailing Address 2585 Tuscaloosa Trl

City Maitland	State FL	Zip Code 32751
------------------	-------------	-------------------

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

Name of Employer Weacomm	Occupation President
-----------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : 0035952

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Vipin C. Mehta

Mailing Address 7125 Horizon Circle

City Windermere	State FL	Zip Code 32786
--------------------	-------------	-------------------

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

Name of Employer Mehta & Associates	Occupation Engineer
----------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : 0035994

Amount of Each Receipt this Period
100.00

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

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

360.00

**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 39 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Roger D. Coverley

Mailing Address 265 Adair Ave

City Longwood State FL Zip Code 32750

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0035995

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles E Cobb Jr

Mailing Address PO Box 14-4200

City Coral Gables State FL Zip Code 33114-4200

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

Name of Employer Cobb Partners Occupation Businessperson

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0035996

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. John P. Fox

Mailing Address 3030 Quayside Lane

City Miami State FL Zip Code 33138

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

Name of Employer Royal Caribbean Cruises Ltd. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0035997

Amount of Each Receipt this Period
500.00

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

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

1200.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 40 OF 119

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard Fain

Mailing Address 700 Arvida Parkway

City Miami State FL Zip Code 33156

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

Name of Employer Royal Caribbean Cruise Lines Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0035998

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Russell L. Roberts

Mailing Address 2200 Alaqua Drive

City Longwood State FL Zip Code 32779-3100

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

Name of Employer Florida East Coast Industries Occupation Vice president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0035999

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Eric A. Mendelson

Mailing Address 6320 Allison Road

City Miami State FL Zip Code 33141

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

Name of Employer Heico Corp Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036000

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 41 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John C. Adams

Mailing Address 1616 S. Peninsula Drive

City	State	Zip Code
Daytona Beach	FL	32118

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036002

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard L. Hanas

Mailing Address 2345 Mikler Road

City	State	Zip Code
Orlando	FL	32765

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

Name of Employer	Occupation
A. Duda & Sons	Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036006

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert E. Battaglia

Mailing Address 1466 Alabama Drive

City	State	Zip Code
Winter Park	FL	32789

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

Name of Employer	Occupation
Battaglia Group Management	Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036007

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

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

Mailing Address PO Box 3010

City State Zip Code
Winter Park FL 32790

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

Name of Employer Occupation
Battaglia Group Management Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036008

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. James Huckeba

Mailing Address PO Box 2212

City State Zip Code
Winter Park FL 32790

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

Name of Employer Occupation
Woolpert Engineering Businessperson

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036009

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carlos A Acosta

Mailing Address 2605 Venetian Way

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
INDRA Systems Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036010

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) Mr. James Stelling		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 8261 Day Lily Place		Transaction ID : 0036011
City Sanford	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Global World Corp.	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) Mrs. Le Donna Almon		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 305 Allison Avenue		Transaction ID : 0036015
City Longwood	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Rep. Services, Inc.	Occupation Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) Ms. Ana Maria Guevara		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 300 S. Poinate Dr. No 708		Transaction ID : 0036357
City Miami Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Aventi Associates	Occupation Executive	On line contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 119	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jovita Carranza

Mailing Address 9715 Woods Dr, #2002

City Skokie State IL Zip Code 60077

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

Name of Employer self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : 0036358

Amount of Each Receipt this Period
 750.00

On line contribution

B. Full Name (Last, First, Middle Initial)
Mr. Shawn H. Smeallie

Mailing Address 1310 Bishop Lane

City Alexandria State VA Zip Code 22302

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

Name of Employer American Continental Group Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : 0036032

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
The Hon L. William Paxon

Mailing Address 1881 North Nash Street T504

City Arlington State VA Zip Code 22209

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

Name of Employer Aiken Gump, etal Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : 0036033

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ferdinand S. Duda

Mailing Address 2451 Mikler Road

City State Zip Code
Oviedo FL 32765

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

Name of Employer Occupation
A. Duda & Son's, Inc. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : 0036059

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Carl W. Lentz III

Mailing Address 2855 S. Atlantic Avenue #601

City State Zip Code
Daytona Beach FL 32118-5805

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

Name of Employer Occupation
Self Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 0036064

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. James E. Weite

Mailing Address One Creek Bend Way

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Cypress Bank Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 0036065

Amount of Each Receipt this Period
750.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Pamela W. Ariel

Mailing Address 688 Breckenridge Dr.

City: Port Orange State: FL Zip Code: 32127

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

Name of Employer: Self Occupation: Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 19 / 2014

Transaction ID : 0036066

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 607 N. Beach Street

City: Ormond Beach State: FL Zip Code: 32174

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

Name of Employer: Brown and Brown Occupation: Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 19 / 2014

Transaction ID : 0036067

Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Mr. J. Hyatt Brown

Mailing Address 213 Riverside Drive

City: Ormond Beach State: FL Zip Code: 32176

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

Name of Employer: Brown & Brown Insurance Agency Occupation: Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 19 / 2014

Transaction ID : 0036068

Amount of Each Receipt this Period: 1600.00

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

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

5100.00

**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 47 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J. Hyatt Brown

Mailing Address 213 Riverside Drive

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Brown & Brown Insurance Agency Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 0036069

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Cici Brown

Mailing Address 213 Riverside Drive

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
self Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 0036070

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. James Vargo

Mailing Address 6306 Deacon Circle

City State Zip Code
Windermere FL 32786

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

Name of Employer Occupation
Daniels Manufacturing Co. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : 0036071

Amount of Each Receipt this Period
500.00

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

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

4100.00

**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 48 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Harlan Paul

Mailing Address 675 Oak Tree Terrace

City	State	Zip Code
De Land	FL	32724

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

Name of Employer	Occupation
Paul and Elkind	Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : 0036130

Amount of Each Receipt this Period

500.00

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

Mailing Address 4021 Vacation Ln

City	State	Zip Code
Arlington	VA	22207

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

Name of Employer	Occupation
Flagship Government Relations	Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : 0036360

Amount of Each Receipt this Period

250.00

On line contribution

C. Full Name (Last, First, Middle Initial)
Mr. Mitchell Bainwol

Mailing Address 8455 Lee Alan Dr

City	State	Zip Code
Fairfax Station	VA	22039

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

Name of Employer	Occupation
Alliance of Automobile Manufacturers	Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : 0036361

Amount of Each Receipt this Period

500.00

On line contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Michael R. Macedonia

Mailing Address 226 Chestnut Ridge St

City Winter Springs State FL Zip Code 32708

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

Name of Employer University of Central Florida Occupation Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : 0036363

Amount of Each Receipt this Period
 500.00

On line contribution

B. Full Name (Last, First, Middle Initial)
Mr. Daniel Miller

Mailing Address 34 Tidy Island Blvd

City Bradenton State FL Zip Code 34210

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : 0036364

Amount of Each Receipt this Period
 1000.00

On line contribution

C. Full Name (Last, First, Middle Initial)
Mr. Jordan Jacobs

Mailing Address 272 Lexingdale Dr

City Orlando State FL Zip Code 32828

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

Name of Employer Ideal Technology Corp Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : 0036365

Amount of Each Receipt this Period
 500.00

On line contribution

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

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

2000.00

**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 50 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Marcia Frey

Mailing Address 139 Genius Drive

City Winter Park State FL Zip Code 32789

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

Name of Employer None Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036188

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
The Hon. Lou Frey

Mailing Address 139 Genius Drive

City Winter Park State FL Zip Code 32789

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

Name of Employer Lowndes Drosdick Doster, et al Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036189

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mrs. Ruth Schroeder

Mailing Address 8842 Aspen Ave

City Orlando State FL Zip Code 32817

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

Name of Employer None Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036191

Amount of Each Receipt this Period
250.00

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

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

450.00

**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 51 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gen. Stephen M Seay

Mailing Address 709 Balmoral Road

City Winter Park State FL Zip Code 32789

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

Name of Employer Business Solutions Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036192

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Earle Denton

Mailing Address 1017 Gran Paseo Dr.

City Orlando State FL Zip Code 32825

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

Name of Employer Cubic Defense Systems, Inc. Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036193

Amount of Each Receipt this Period
 800.00

C. Full Name (Last, First, Middle Initial)
Mr. W.F. Leland

Mailing Address 3040 Temple Trail

City Winter Park State FL Zip Code 32789

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

Name of Employer Self Occupation Certified Public Acct.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036194

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James Joseph Craig

Mailing Address 513 Fawn Hill Place

City Sanford State FL Zip Code 32771

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

Name of Employer Lockheed Martin Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036195

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Abascal Jr.

Mailing Address 281 Hillcrest Drive

City Oviedo State FL Zip Code 32765

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

Name of Employer Applied Visual Technology Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036196

Amount of Each Receipt this Period
 750.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard M. Haber

Mailing Address 5701 Mariner St Apt 604

City Tampa State FL Zip Code 33609

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036197

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Fred A. Underwood

Mailing Address **PO Box 16606**

City **Lubbock** State **TX** Zip Code **79490**

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

Name of Employer **The Trinity Company** Occupation **Chief Executive Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036198

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Jerome S. Fletcher

Mailing Address **141 Harbourmaster Ct**

City **Ponte Vedra Beach** State **FL** Zip Code **32082**

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

Name of Employer **Fletcher Mgt. Co.** Occupation **Realtor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036229

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. John W. Pugh

Mailing Address **PO Box 1750**

City **De Land** State **FL** Zip Code **32721**

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

Name of Employer **Cole Bros. Circus** Occupation **Chief Executive Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036231

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 54 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Hjalma E. Johnson

Mailing Address 14435 Hale Road

City State Zip Code
Dade City FL 33523

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

Name of Employer Occupation
East Coast Bank Corp Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036233

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1198 Siesta Key Cir

City State Zip Code
Port Orange FL 32128

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036234

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. H. A. McDaniel

Mailing Address 7243 Wintercreek Ln

City State Zip Code
Tallahassee FL 32309

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

Name of Employer Occupation
FL Dept. of Education Computer Programmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036235

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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 55 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Mary Louise Kenzik

Mailing Address 1423 Oak Forest Dr

City Ormond Beach State FL Zip Code 32174

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

Name of Employer Self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036237

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Wilt

Mailing Address 412 Brookfield Ter

City De Land State FL Zip Code 32724

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

Name of Employer Self Occupation Equities Trader

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036238

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mrs. Beverly A. Austin

Mailing Address 4617 W San Miguel St

City Tampa State FL Zip Code 33629

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

Name of Employer Self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036241

Amount of Each Receipt this Period
200.00

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

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

600.00

**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 56 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) Antoinette Tisi		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 51 Columbia Ln		Transaction ID : 0036301
City Palm Coast	State FL	Zip Code 32137
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 35.00	

Full Name (Last, First, Middle Initial) Mr. John Dudinsky		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address Severn Farm 3878 Blufton Mill Road		Transaction ID : 0036309
City Free Union	State VA	Zip Code 22940
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer John Dudinsky & Assoc.	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Mr. Joseph A. Thompson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 3398		Transaction ID : 0036329
City Ponte Vedra Beach	State FL	Zip Code 32004
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Fulcrum Partners LLC	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	1715.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. Oare

Mailing Address 13621 NW 112th Ave

City Alachua State FL Zip Code 32615

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

Name of Employer Oare Woods, llc Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036333

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Quello

Mailing Address 15 Corte Vista

City Palm Coast State FL Zip Code 32137-4303

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

Name of Employer self Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036334

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3808 Berry Bridge Way

City Marietta State GA Zip Code 30067

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

Name of Employer Hardin Construction Co, LLC Occupation Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036335

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 58 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John A. Williams

Mailing Address 3252 Winding Pine Tr

City Longwood State FL Zip Code 32779

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

Name of Employer Wayne Densch, Inc. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036336

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Madeleine Arison

Mailing Address 9999 Collins Ave, Apt 15-G

City Bal Harbour State FL Zip Code 33154

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

Name of Employer self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036337

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Micky Arison

Mailing Address 9999 Collins Ave, Apt. 15-G

City Bal Harbour State FL Zip Code 33154

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

Name of Employer Carnival Cruise Lines Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036338

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 59 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Rebecca H. Brady

Mailing Address 1800 Drury Lane

City Alexandria State VA Zip Code 22307

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

Name of Employer self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036340

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. James W. Almand

Mailing Address 10539 Sussex Rd

City Ocean City State MD Zip Code 21842

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

Name of Employer Ayres, Jenkins, Gordy & Almand Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036341

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert J. Clark

Mailing Address 2927 West Bayshore Ct.

City Tampa State FL Zip Code 33611

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

Name of Employer Tampa Steel Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036344

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Williams

Mailing Address 43914 Cheltenham Cir

City State Zip Code
Ashburn VA 20147

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

Name of Employer Occupation
EWA, Inc. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036345

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Norman F. Orel

Mailing Address 10 Fairgreen Avenue

City State Zip Code
New Smyrna Beach FL 32168

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
55.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036348

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Hock

Mailing Address 4910 Cyrilla Lane

City State Zip Code
Orlando FL 32829

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

Name of Employer Occupation
Ideal Technology Corp Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036366

Amount of Each Receipt this Period
500.00
simulation bfast 3/31/14 radisson hotel

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

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

780.00

**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 61 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Sharon L. Pinkerton

Mailing Address 610 D St, SE

City Washington State DC Zip Code 20003

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

Name of Employer Air Transport Asso. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036367

Amount of Each Receipt this Period
1700.00

On line contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Frances E. Armstrong

Mailing Address 504 Richmond St

City Orlando State FL Zip Code 32806

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

Name of Employer self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036368

Amount of Each Receipt this Period
2500.00

simulation bfast 3/31/14 radisson hotel

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

4200.00

105740.00

**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 62 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 500 New Jersey Ave, NW

City Washington State DC Zip Code 20001-2020

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : 0035195

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 0035248

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
The Walt Disney Company Employees PAC

Mailing Address 425 3rd St, SW Ste 1100

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 0035249

Amount of Each Receipt this Period
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 119
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National School Transportation Association PAC

Mailing Address 113 S. West St 4th FL

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00179275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : 0035254

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Old Dominion Freight Line, Inc. PAC

Mailing Address 500 Old Dominion Way

City Thomasville State NC Zip Code 27360

FEC ID number of contributing federal political committee. **C** C00496836

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : 0035255

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Florida East Coast Railway, LLC FECR PAC

Mailing Address 7411 Fullerton Street, Suite 100

City Jacksonville State FL Zip Code 32256-3628

FEC ID number of contributing federal political committee. **C** C00529966

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : 0035256

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

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

Mailing Address 900 7th St, NW, Ste 975

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00433490**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : 0035257

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
COUNCIL OF PRODUCERS AND DISTRIBUTORS OF AGROTECHNOLOGY

Mailing Address 1730 Rhode Island Ave NW SUITE 812

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00214809**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035597

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
United Motorcoach Association PAC

Mailing Address 113 S. West St, 4th FL

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00437517**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035598

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 65 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Transportation Intermediaries Association PAC

Mailing Address 1625 Prince Street, Ste 200

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035599

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
James W Coon

Mailing Address 2428 Caron Lane

City Falls Church State VA Zip Code 22043

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

Name of Employer Occupation
 National Air Transportation Assn Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035600

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 2713

City Alexandria State VA Zip Code 22301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035601

Amount of Each Receipt this Period
 475.00

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

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

2475.00

**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 66 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Dealers Election Action Committee of the NADA

Full Name (Last, First, Middle Initial)
Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : 0035603

Amount of Each Receipt this Period
 1000.00

B. American Society of Anesthesiologists PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 Vermont Ave NW Ste 606

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035909

Amount of Each Receipt this Period
 2500.00

C. American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
Mailing Address 317 MASSACHUSETTS AVENUE, NE1ST F

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035910

Amount of Each Receipt this Period
 5000.00

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

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

8500.00

**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 67 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SeaWorld Parks & Entertainment, Inc. PAC

Mailing Address 601 Pennsylvania Ave, NW, Ste 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00501163

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : 0035913

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Vulcan Materials Company PAC

Mailing Address 155 East 21st Street

City Jacksonville State FL Zip Code 32206

FEC ID number of contributing federal political committee. **C** C00116020

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036003

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Pinnacle West PAC

Mailing Address 801 Pennsylvania Ave, NW, Ste 214

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036004

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 68 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
U.S. Travel Association PAC

Mailing Address 1100 New York Ave, NW, Ste 450W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036005

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 500 New Jersey Ave, NW

City Washington State DC Zip Code 20001-2020

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036012

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Bright House Networks LL PAC

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00402875

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : 0036013

Amount of Each Receipt this Period
 500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Friends of Cliff Stearns

Mailing Address **PO Box 308**

City **Silver Springs** State **FL** Zip Code **34489**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : 0036034

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Akin, Gump, Strauss, Hauer & Feld Civil Action Comte

Mailing Address **1333 New Hampshire Ave, NW Ste 400**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : 0036035

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
BP North America Employee PAC

Mailing Address **1101 New York Ave, NW, Ste 700**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00060103**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : 0036036

Amount of Each Receipt this Period
1000.00

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

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

2250.00

**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 70 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Asso. of Airport Executives Good Govt

Mailing Address 601 Madison St, Ste 400

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : 0036037

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees PAC

Mailing Address 2121 Crystal Dr, Ste 100

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : 0036128

Amount of Each Receipt this Period
1500.00

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

Mailing Address 430 First Street S.E.

City State Zip Code
Washington DC 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : 0036129

Amount of Each Receipt this Period
1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 71 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEIDOS INC PAC

Mailing Address 301 Laboratory Road

City State Zip Code
Oak Ridge TN 37830

FEC ID number of contributing federal political committee. **C C00546234**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036184

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address 1125 Executive Circle

City State Zip Code
Irving TX 75038-2522

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036185

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave., NW
Suite 900

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036199

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 72 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CSX Corporation Good Government Fund

Mailing Address Suite 560, National Place
1331 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036200

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
American Osteopathic Information Association Osteopathic PAC

Mailing Address 1090 Vermont Avenue NW
Suite 510

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036201

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2201 Cooperative Way, 3rd FL

City Herndon State VA Zip Code 20171

FEC ID number of contributing federal political committee. **C** C00233304

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036202

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 73 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Greyhound Lines PAC

Mailing Address PO Box 660362

City State Zip Code
Dallas TX 75266

FEC ID number of contributing federal political committee. **C** C00215129

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036232

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Firstline/SMS Holdings

Mailing Address 7135 Charlotte Pike, Ste 199

City State Zip Code
Nashville TN 37209

FEC ID number of contributing federal political committee. **C** C00398511

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036306

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Federal Express PAC

Mailing Address 942 S Shady Grove Road, 1st Floor

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036307

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

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

Mailing Address **GrayRobinson**
301 East Pine Street, #1400

City **Orlando** State **FL** Zip Code **32801**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036310

Amount of Each Receipt this Period

4500.00

B. Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC

Mailing Address **1625 Massachusetts Ave NW**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036311

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Netjets Association of Shared Aircraft Pilots PAC

Mailing Address **630 Morrison Rd, Ste. 110**

City **Gahanna** State **OH** Zip Code **43230**

FEC ID number of contributing federal political committee. **C C00488262**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036330

Amount of Each Receipt this Period

2500.00

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

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

8500.00

**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 75 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Williams Companies, Inc. PAC

Mailing Address 1627 I ST, NW, Ste 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036331

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
The Williams Companies, Inc. PAC

Mailing Address 1627 I ST, NW, Ste 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036332

Amount of Each Receipt this Period
3500.00

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

Mailing Address 11300 Cantrell Rd, Ste. 301

City Little Rock State AR Zip Code 72212

FEC ID number of contributing federal political committee. **C** C00448373

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 0036339

Amount of Each Receipt this Period
1000.00

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

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

8500.00

**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 76 OF 119	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave NW
South Bldg., Suite 600

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036343

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

60225.00

**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 77 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Commerce National Bank & Trust

Mailing Address 1201 S Orlando Ave

City Winter Park State FL Zip Code 32790-8181

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **174.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 0036409

Amount of Each Receipt this Period
12.87

Interest Income

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

12.87

12.87

**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 78 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CenturyLink		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address P. O. Box 30784		Amount of Each Disbursement this Period 9592.72 Transaction ID : 0036317
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement PHONE EXPENSES	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 9404.85 Transaction ID : 0036318
City Ft Lauderdale	State FL Zip Code 33336	
Purpose of Disbursement Meals with Constituents	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. gogoair.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1250 North Arlington Heights Rd.,		Amount of Each Disbursement this Period 39.95 Transaction ID : 0036318-0001
City Itasca	State IL Zip Code 60143	
Purpose of Disbursement Transportation Expenses	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9592.72
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 79 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Members Dining Room		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address The Capitol		Amount of Each Disbursement this Period 100.00
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Meals with Constituents	Category/Type 003	Transaction ID : 0036318-0002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address Hartsfield Int'l Airport		Amount of Each Disbursement this Period 144.90
City Atlanta	State GA Zip Code 40440	
Purpose of Disbursement Air Transportation	Category/Type 002	Transaction ID : 0036318-0003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address Hartsfield Int'l Airport		Amount of Each Disbursement this Period 144.90
City Atlanta	State GA Zip Code 40440	
Purpose of Disbursement Air Transportation	Category/Type 002	Transaction ID : 0036318-0004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 119			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Members Dining Room			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address The Capitol			Amount of Each Disbursement this Period 118.40	
City Washington	State DC	Zip Code 20515	Transaction ID : 0036318-0006	
Purpose of Disbursement Meals with Constituents		Category/ Type 003	[MEMO ITEM] MEMO	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address 2702 Love Field Drive			Amount of Each Disbursement this Period 197.90	
City Dallas	State TX	Zip Code 75235	Transaction ID : 0036318-0007	
Purpose of Disbursement Air Transportation		Category/ Type 002	[MEMO ITEM] MEMO	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. House Members Dining Room			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address The Capitol			Amount of Each Disbursement this Period 130.00	
City Washington	State DC	Zip Code 20515	Transaction ID : 0036318-0008	
Purpose of Disbursement Meals with Constituents		Category/ Type 003	[MEMO ITEM] MEMO	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Members Dining Room		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address The Capitol		Amount of Each Disbursement this Period 138.95
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meal Expenses	Transaction ID : 0036318-0009
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Abbot Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 110 Atlantic Dr		Amount of Each Disbursement this Period 3302.72
City Maitland	State FL	
Zip Code 32751	Purpose of Disbursement PRINTING EXPENSES	Transaction ID : 0036318-0010
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. gogoair.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1250 North Arlington Heights Rd.,		Amount of Each Disbursement this Period 39.95
City Itasca	State IL	
Zip Code 60143	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0011
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Rent-a-Car Company PAC		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 500 Corporate Park Drive		Amount of Each Disbursement this Period 114.16
City State Zip Code St Louis MO 63105	Purpose of Disbursement Car Rental	
Candidate Name	Category/Type 002	Transaction ID : 0036318-0012
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. National Car Rental		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 200 S. Andrews Ave		Amount of Each Disbursement this Period 96.69
City State Zip Code Ft. Lauderdale FL 33301	Purpose of Disbursement Car Rental	
Candidate Name	Category/Type 002	Transaction ID : 0036318-0014
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) c. gogoair.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1250 North Arlington Heights Rd.,		Amount of Each Disbursement this Period 12.00
City State Zip Code Itasca IL 60143	Purpose of Disbursement Transportation Expenses	
Candidate Name	Category/Type 002	Transaction ID : 0036318-0015
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] MEMO

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Terra Mia Brick Oven		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 7025 County Rd 46A		Amount of Each Disbursement this Period 74.91
City Lake Mary	State FL	
Zip Code 32746	Purpose of Disbursement Meals with Constituents	Transaction ID : 0036318-0016
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. 310 Park South Restr.		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 310 S Park Ave		Amount of Each Disbursement this Period 9.96
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meal Expenses	Transaction ID : 0036318-0017
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. 310 Park South Restr.		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 310 S Park Ave		Amount of Each Disbursement this Period 43.12
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meals with Constituents	Transaction ID : 0036318-0018
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 119			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fleming's Restaurant			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 933 N Orlando Ave			Amount of Each Disbursement this Period 2058.39
City Winter Park	State FL	Zip Code 32789	Transaction ID : 0036318-0019 [MEMO ITEM] MEMO
Purpose of Disbursement Catering Services		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. RT Restaurant			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 3804 Mount Vernon Ave			Amount of Each Disbursement this Period 988.59
City Alexandria	State VA	Zip Code 22305	Transaction ID : 0036318-0022 [MEMO ITEM] MEMO
Purpose of Disbursement Meal Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. NYC Taxi, Brooklyn			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave			Amount of Each Disbursement this Period 9.00
City Brooklyn	State NY	Zip Code 11211	Transaction ID : 0036318-0025 [MEMO ITEM] MEMO
Purpose of Disbursement Transportation Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	9.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NYC Taxi, Brooklyn		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 46.83
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0026
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi, Brooklyn		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 17.00
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0027
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. La Mela Ristorante		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 167 Mulberry St., Frnt.		Amount of Each Disbursement this Period 384.04
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Meal Expenses	Transaction ID : 0036318-0029
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 119			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NYC Taxi, Brooklyn		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 18.50
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0030
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi, Brooklyn		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 8.00
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0031
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi, Brooklyn		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 12.50
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0032
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NYC Taxi, Brooklyn		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 15.50
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0033
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi, Brooklyn		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 14.50
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0035
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi, Brooklyn		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 20.00
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0036
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NYC Taxi, Brooklyn		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 807 Metropolitan Ave		Amount of Each Disbursement this Period 23.00
City Brooklyn	State NY	
Zip Code 11211	Purpose of Disbursement Transportation Expenses	Transaction ID : 0036318-0037
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Sanctuary Hotel		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 132 West 47th St		Amount of Each Disbursement this Period 829.75
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Lodging Expenses	Transaction ID : 0036318-0038
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period 100.00
City Casselberry	State FL	
Zip Code 32718	Purpose of Disbursement Petty Cash	Transaction ID : 0036142
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Millennium Consulting Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address PO Box 568926			Amount of Each Disbursement this Period 2700.00	
City Orlando	State FL	Zip Code 32856	Transaction ID : 0036150	
Purpose of Disbursement Data Processing Services		001 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Bank of American VISA			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address PO Box 851001			Amount of Each Disbursement this Period 191.25	
City Dallas	State TX	Zip Code 75285	Transaction ID : 0036151	
Purpose of Disbursement Meal Expenses		002 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW	
State:	District:			

Full Name (Last, First, Middle Initial) c. NYC Taxi, Brooklyn			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 807 Metropolitan Ave			Amount of Each Disbursement this Period 5.50	
City Brooklyn	State NY	Zip Code 11211	Transaction ID : 0036151-0002	
Purpose of Disbursement Transportation Expenses		002 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2891.25
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 90 OF 119			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Petty Cash		M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period
City	State	Zip Code
Casselberry	FL	32718
Purpose of Disbursement	Category/ Type	Transaction ID : 0036143
Petty Cash		001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Petty Cash		M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period
City	State	Zip Code
Casselberry	FL	32718
Purpose of Disbursement	Category/ Type	Transaction ID : 0036152
Petty Cash		001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Petty Cash		M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period
City	State	Zip Code
Casselberry	FL	32718
Purpose of Disbursement	Category/ Type	Transaction ID : 0036153
Petty Cash		001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Congressional Institute		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1001 North Fairfax St, #410		Amount of Each Disbursement this Period 1423.00 Transaction ID : 0036314
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Meal Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 113.20 Transaction ID : 0036319
City Dallas State TX Zip Code 75266	Purpose of Disbursement PHONE EXPENSES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Elba Morales		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 9403 Daney St		Amount of Each Disbursement this Period 100.00 Transaction ID : 0036165
City Gotha State FL Zip Code 34734	Purpose of Disbursement Headquarters Custodial Maintainece Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1636.20
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 92 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. W. Edward Langdon			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014		
Mailing Address 601 N. Ferncreek #200			Amount of Each Disbursement this Period 1200.00		
City Orlando	State FL	Zip Code 32803	Transaction ID : 0036166		
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. U. S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014		
Mailing Address 109 Live Oak Blvd.			Amount of Each Disbursement this Period 245.00		
City Casselberry	State FL	Zip Code 32707	Transaction ID : 0036313		
Purpose of Disbursement POSTAGE, NON-BULK MAIL		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. U. S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014		
Mailing Address 109 Live Oak Blvd.			Amount of Each Disbursement this Period 200.00		
City Casselberry	State FL	Zip Code 32707	Transaction ID : 0036167		
Purpose of Disbursement POSTAGE, NON-BULK MAIL		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1645.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Piryx, Inc		Date of Disbursement MM / DD / YYYY 02 / 02 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 45.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Transaction ID : 0035926
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.50
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fees	Transaction ID : 0035924
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. CenturyLink		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address P. O. Box 30784		Amount of Each Disbursement this Period 187.65
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement PHONE EXPENSES	Transaction ID : 0036320
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	237.15
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 94 OF 119			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Piryx, Inc		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.13 Transaction ID : 0035922
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U. S. Postal Service		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 109 Live Oak Blvd.		Amount of Each Disbursement this Period 2000.00 Transaction ID : 0036172
City Casselberry State FL Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Piryx, Inc		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 22.50 Transaction ID : 0035920
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2023.63
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 95 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Oviedo Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1511 ESR 434, #2001		Amount of Each Disbursement this Period 100.00 Transaction ID : 0036173
City Winter Springs State FL Zip Code 32708	Purpose of Disbursement Membership Dues 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2878.55 Transaction ID : 0036321
City Ft Lauderdale State FL Zip Code 33336	Purpose of Disbursement Meals with Constituents 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 143.00 Transaction ID : 0036321-0001
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Air Transportation 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2978.55
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 96 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 128.00
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Air Transportation 002 Category/Type	
Candidate Name		Transaction ID : 0036321-0002 [MEMO ITEM] MEMO
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 128.00
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Air Transportation 002 Category/Type	
Candidate Name		Transaction ID : 0036321-0003 [MEMO ITEM] MEMO
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 128.00
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Air Transportation 002 Category/Type	
Candidate Name		Transaction ID : 0036321-0004 [MEMO ITEM] MEMO
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 119			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 400 E Sky Harbor Boulevard			Amount of Each Disbursement this Period 117.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 0036321-0005	
Purpose of Disbursement Air Transportation		Category/ Type 002	[MEMO ITEM] MEMO	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. US AIRWAYS			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 400 E Sky Harbor Boulevard			Amount of Each Disbursement this Period 222.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 0036321-0006	
Purpose of Disbursement Air Transportation		Category/ Type 002	[MEMO ITEM] MEMO	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. US AIRWAYS			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 400 E Sky Harbor Boulevard			Amount of Each Disbursement this Period 175.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 0036321-0007	
Purpose of Disbursement Air Transportation		Category/ Type 002	[MEMO ITEM] MEMO	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard			Amount of Each Disbursement this Period 175.00
City Phoenix	State AZ	Zip Code 85034	
Purpose of Disbursement Air Transportation		Candidate Name	Transaction ID : 0036321-0008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type 002	[MEMO ITEM] MEMO
State:	District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard			Amount of Each Disbursement this Period 128.00
City Phoenix	State AZ	Zip Code 85034	
Purpose of Disbursement Air Transportation		Candidate Name	Transaction ID : 0036321-0009
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type 002	[MEMO ITEM] MEMO
State:	District:		

Full Name (Last, First, Middle Initial) c. House of Reps Gift Shop			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address B217 Longworth Building			Amount of Each Disbursement this Period 100.00
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Gifts for Constituents		Candidate Name	Transaction ID : 0036321-0010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type 003	[MEMO ITEM] MEMO
State:	District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Panera Bread		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 7.68
City Winter Park	State FL Zip Code 32789	
Purpose of Disbursement Meal Expenses	Category/Type 002	Transaction ID : 0036321-0011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Panera Bread		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 2.02
City Winter Park	State FL Zip Code 32789	
Purpose of Disbursement Meal Expenses	Category/Type 002	Transaction ID : 0036321-0013
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Carlucci's		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 501 N. Orlando Ave		Amount of Each Disbursement this Period 55.23
City Winter Park	State FL Zip Code 32789	
Purpose of Disbursement Meals with Constituents	Category/Type 003	Transaction ID : 0036321-0014
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Panera Bread		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 5.19
City Winter Park	State FL Zip Code 32789	
Purpose of Disbursement Meals with Constituents	Category/Type 003	Transaction ID : 0036321-0015
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. WalMart		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 7400 Guilford Dr		Amount of Each Disbursement this Period 347.21
City Frederick	State MD Zip Code 21704	
Purpose of Disbursement Meal Expenses	Category/Type 002	Transaction ID : 0036321-0016
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) C. WalMart		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 7400 Guilford Dr		Amount of Each Disbursement this Period 40.20
City Frederick	State MD Zip Code 21704	
Purpose of Disbursement Office Supplies	Category/Type 001	Transaction ID : 0036321-0018
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 310 Park South Restr.		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 310 S Park Ave		Amount of Each Disbursement this Period 181.50
City Winter Park	State FL	Zip Code 32789
Purpose of Disbursement Meals with Constituents	Category/Type 003	
Candidate Name	Transaction ID : 0036321-0019	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) B. McAfee.com		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 3965 Freedom Cir		Amount of Each Disbursement this Period 49.99
City Santa Clara	State CA	Zip Code 95054
Purpose of Disbursement COMPUTER EXPENSES	Category/Type 001	
Candidate Name	Transaction ID : 0036321-0020	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 400 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 198.00
City Phoenix	State AZ	Zip Code 85034
Purpose of Disbursement Air Transportation	Category/Type 002	
Candidate Name	Transaction ID : 0036321-0021	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] MEMO	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 310 Park South Restr.		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 310 S Park Ave		Amount of Each Disbursement this Period 30.19
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meal Expenses	[MEMO ITEM] MEMO
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. House of Reps Gift Shop		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address B217 Longworth Building		Amount of Each Disbursement this Period 187.20
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for Constituents	[MEMO ITEM] MEMO
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 501 N. Orlando Avenue #201		Amount of Each Disbursement this Period 84.79
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Office Supplies	
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	84.79
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 103 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bank of American VISA			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address PO Box 851001			Amount of Each Disbursement this Period 38.55
City Dallas	State TX	Zip Code 75285	
Purpose of Disbursement Meal Expenses		Category/ Type 002	Transaction ID : 0036169
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		ITEMIZATION NOT REQUIRED
State: District:			

Full Name (Last, First, Middle Initial) B. Winter Park Racquet Club			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 2111 Via Tuscany			Amount of Each Disbursement this Period 414.66
City Winter Park	State FL	Zip Code 32789	
Purpose of Disbursement Meal Expenses		Category/ Type 002	Transaction ID : 0036171
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Petty Cash			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address P. O. Box 181546			Amount of Each Disbursement this Period 100.00
City Casselberry	State FL	Zip Code 32718	
Purpose of Disbursement Petty Cash		Category/ Type 001	Transaction ID : 0036144
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	553.21
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 104 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 702.39 Transaction ID : 0036147
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering Services Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Petty Cash		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period 100.00 Transaction ID : 0036146
City Casselberry State FL Zip Code 32718	Purpose of Disbursement Petty Cash Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Piryx, Inc		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 22.50 Transaction ID : 0035918
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card processing fees Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	824.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Millennium Consulting Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address PO Box 568926			Amount of Each Disbursement this Period 7919.88	
City Orlando	State FL	Zip Code 32856	Transaction ID : 0036176	
Purpose of Disbursement MAILING SERVICES		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Petty Cash			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address P. O. Box 181546			Amount of Each Disbursement this Period 100.00	
City Casselberry	State FL	Zip Code 32718	Transaction ID : 0036148	
Purpose of Disbursement Petty Cash		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address PO Box 660108			Amount of Each Disbursement this Period 113.38	
City Dallas	State TX	Zip Code 75266	Transaction ID : 0036322	
Purpose of Disbursement PHONE EXPENSES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	8133.26
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 106 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

A. Petty Cash

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement Petty Cash

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : 0036315

Category/Type: 001

B. CenturyLink

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 30784

City Tampa State FL Zip Code 33630

Purpose of Disbursement PHONE EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2014

Amount of Each Disbursement this Period: 187.63

Transaction ID : 0036323

Category/Type: 001

c. Millennium Consulting Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 568926

City Orlando State FL Zip Code 32856

Purpose of Disbursement MAILING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 4960.00

Transaction ID : 0036179

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 5247.63

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 107 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elba Morales		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 9403 Daney St		Amount of Each Disbursement this Period 100.00 Transaction ID : 0036181
City Gotha	State FL	
Zip Code 34734	Purpose of Disbursement Headquarters Custodial Maintainece	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 501 N. Orlando Avenue #201		Amount of Each Disbursement this Period 128.60 Transaction ID : 0036180
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement PRINTING EXPENSES	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2862.26 Transaction ID : 0036324
City Ft Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement Meals with Constituents	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional).....	3090.86
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 108 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Car Rental		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 200 S. Andrews Ave		Amount of Each Disbursement this Period 92.31
City Ft. Lauderdale	State FL	
Zip Code 33301	Purpose of Disbursement Car Rental	Transaction ID : 0036324-0001
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. House Members Dining Room		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address The Capitol		Amount of Each Disbursement this Period 121.85
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meals with Constituents	Transaction ID : 0036324-0002
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 171.00
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Air Transportation	Transaction ID : 0036324-0004
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Members Dining Room		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address The Capitol		Amount of Each Disbursement this Period 124.65
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Meals with Constituents	Category/Type 003	Transaction ID : 0036324-0005
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. 7-11 Gas		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 481 N Orlando Ave		Amount of Each Disbursement this Period 52.51
City Maitland	State FL Zip Code 32751	
Purpose of Disbursement Gasoline Expenses	Category/Type 002	Transaction ID : 0036324-0006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. 7-11 Gas		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 481 N Orlando Ave		Amount of Each Disbursement this Period 20.40
City Maitland	State FL Zip Code 32751	
Purpose of Disbursement Gasoline Expenses	Category/Type 002	Transaction ID : 0036324-0007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Avis Rent-A-Car		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1 Sylvan Way		Amount of Each Disbursement this Period 295.29
City Parsippany	State NJ	
Zip Code 07054	Purpose of Disbursement Car Rental	Transaction ID : 0036324-0008
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. McAfee.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3965 Freedom Cir		Amount of Each Disbursement this Period 79.99
City Santa Clara	State CA	
Zip Code 95054	Purpose of Disbursement COMPUTER EXPENSES	Transaction ID : 0036324-0009
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 4.78
City Winter Park	State FL	
Zip Code 32789	Purpose of Disbursement Meal Expenses	Transaction ID : 0036324-0011
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 329 North Park Ave		Amount of Each Disbursement this Period 9.44
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meal Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 0036324-0013 [MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. 310 Park South Restr.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 310 S Park Ave		Amount of Each Disbursement this Period 65.39
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meals with Constituents Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 0036324-0015 [MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. Carlucci's		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 501 N. Orlando Ave		Amount of Each Disbursement this Period 74.09
City Winter Park State FL Zip Code 32789	Purpose of Disbursement Meals with Constituents Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 0036324-0017 [MEMO ITEM] MEMO

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hyatt Hotel Savannah		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2 W Bay St		Amount of Each Disbursement this Period 271.48
City Savannah	State GA Zip Code 31401	
Purpose of Disbursement Lodging Expenses	Category/Type 002	Transaction ID : 0036324-0032
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. House of Reps Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address B217 Longworth Building		Amount of Each Disbursement this Period 303.60
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Gifts for Constituents	Category/Type 003	Transaction ID : 0036324-0033
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Hanks Seafood		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 10 Hayne St		Amount of Each Disbursement this Period 69.12
City Charleston	State SC Zip Code 29401	
Purpose of Disbursement Meal Expenses	Category/Type 002	Transaction ID : 0036324-0034
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WalMart		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 7400 Guilford Dr		Amount of Each Disbursement this Period 82.61
City Frederick	State MD	
Zip Code 21704	Purpose of Disbursement Food and Refreshments for Event	[MEMO ITEM] MEMO
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 5779 S Highway 17-92		Amount of Each Disbursement this Period 74.19
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement Office Supplies	[MEMO ITEM] MEMO
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 109 Live Oak Blvd.		Amount of Each Disbursement this Period 1490.00
City Casselberry	State FL	
Zip Code 32707	Purpose of Disbursement POSTAGE, NON-BULK MAIL	[MEMO ITEM] MEMO
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1564.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Staples		M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 5779 S Highway 17-92		Amount of Each Disbursement this Period
City Casselberry	State FL	Zip Code 32707
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Transaction ID : 0036136	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Petty Cash		M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period
City Casselberry	State FL	Zip Code 32718
Purpose of Disbursement Petty Cash	Category/Type 001	
Candidate Name	Transaction ID : 0036140	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Seminole County		M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1101 E 1st Street		Amount of Each Disbursement this Period
City Sanford	State FL	Zip Code 32771
Purpose of Disbursement PETITION VERIFICATION FEE	Category/Type 001	
Candidate Name	Transaction ID : 0036316	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	559.74
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 116 OF 119			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Forough Hosseini			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1116 Oxbridge Lane			Amount of Each Disbursement this Period 2300.00	
City Ormond Beach	State FL	Zip Code 32174	Transaction ID : 0036131	
Purpose of Disbursement REFUND TO INDIVIDUAL		010 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Mr. Morteza H. Hosseini			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1116 Oxbridge Lane			Amount of Each Disbursement this Period 2300.00	
City Ormond Beach	State FL	Zip Code 32174	Transaction ID : 0036132	
Purpose of Disbursement REFUND TO INDIVIDUAL		010 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	4600.00

**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 117 OF 119	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Florida House		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 1 2nd Street, NE		Amount of Each Disbursement this Period 100.00 Transaction ID : 0036170
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Charitable Contribution	Category/Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. IMPOWER		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 3157 N Alafaya Tr		Amount of Each Disbursement this Period 125.00 Transaction ID : 0036137
City Orlando	State FL	
Zip Code 32826	Purpose of Disbursement Charitable Contribution	Category/Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Victim Service Center		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 2111 E. Michigan St, Ste. 210		Amount of Each Disbursement this Period 100.00 Transaction ID : 0036178
City Orlando	State FL	
Zip Code 32806	Purpose of Disbursement Charitable Contribution	Category/Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 119	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ovarian Cancer Alliance of Florida		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1855 W SR 434, Ste 282		Amount of Each Disbursement this Period 150.00 Transaction ID : 0036326
City Longwood State FL Zip Code 32750	Purpose of Disbursement Charitable Contribution Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Goldenrod Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address PO Box 61 4755 Palmetto Ave		Amount of Each Disbursement this Period 25.00 Transaction ID : 0036133
City Goldenrod State FL Zip Code 32733	Purpose of Disbursement Charitable Contribution Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 119
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Millennium Consulting Inc.		Nature of Debt (Purpose): Media Consulting
Mailing Address PO Box 568926		
City	State	Zip Code
Orlando	FL	32856

Outstanding Balance Beginning This Period	Transaction ID : 34355-6	
<input type="text" value="10000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="10000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="10000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10000.00"/>