

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Florida Congressional Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="98941.12"/>	<input type="text" value="98941.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="126101.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56296.70"/>	<input type="text" value="148633.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="182397.95"/>	<input type="text" value="247574.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="84344.85"/>	<input type="text" value="149521.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98053.10"/>	<input type="text" value="98053.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Florida Congressional Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55500.00	147600.00
(ii) Unitemized	315.00	415.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55815.00	148015.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	55815.00	148015.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	481.70	615.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	56296.70	148633.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56296.70	148633.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3594.85	7271.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3594.85	7271.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80750.00	142250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84344.85	149521.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84344.85	149521.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	55815.00	148015.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55815.00	148015.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3594.85	7271.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	481.70	615.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3113.15	6655.80

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

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

FOR LINE NUMBER: PAGE 6 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)
A. Roy Altman

Mailing Address 1840 Chucunantah Rd

City State Zip Code
 Miami FL 33133

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

Name of Employer Occupation
 Podhurst Orseck, P.A. Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.6462

Amount of Each Receipt this Period
 500.00

Memo Item
 Contribution

Full Name (Last, First, Middle Initial)
B. Dennis Amoils

Mailing Address 1840 NE 186 St
 Ste 2A

City State Zip Code
 North Miami Beach FL 33179

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

Name of Employer Occupation
 DMA Property Investment Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period
 500.00

Memo Item
 Contribution

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

Mailing Address 4060 Battersea Rd

City State Zip Code
 Miami FL 33133

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

Name of Employer Occupation
 Akerman, Senterfitt & Eidson Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.6460

Amount of Each Receipt this Period
 2500.00

Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Uri Benhamron
Full Name (Last, First, Middle Initial)
Mailing Address 19944 NE 19th Pl
City Miami State FL Zip Code 33179
FEC ID number of contributing federal political committee. C
Name of Employer Tilia Trust Company Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11AI.6479
Amount of Each Receipt this Period 2500.00
 Memo Item
Contribution

B. Yoav Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 1125 NE 125 St Suite 303
City North Miami State FL Zip Code 33181
FEC ID number of contributing federal political committee. C
Name of Employer La Voz Media Group Occupation Founder & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.6456
Amount of Each Receipt this Period 500.00
 Memo Item
Contribution

C. Yoav Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 1125 NE 125 St Suite 303
City North Miami State FL Zip Code 33181
FEC ID number of contributing federal political committee. C
Name of Employer La Voz Media Group Occupation Founder & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.6498
Amount of Each Receipt this Period 2000.00
 Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.6456

Earmarked for CRUZ FOR PRESIDENT

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Robert Diener
Full Name (Last, First, Middle Initial)

Mailing Address 12000 Biscayne Blvd.

City	State	Zip Code
Miami	FL	33154

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

Name of Employer	Occupation
NZ Club Marketing INc	Businessman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : SA11AI.6463

Amount of Each Receipt this Period
2500.00

Memo Item
Contribution

B. George Feldenkreis
Full Name (Last, First, Middle Initial)

Mailing Address 3000 NW 107th Ave

City	State	Zip Code
Miami	FL	33172

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

Name of Employer	Occupation
Perry Ellis International	Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.6487

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

C. Jacob J. Givner
Full Name (Last, First, Middle Initial)

Mailing Address 1281 100th St

City	State	Zip Code
Bay Harbor Islands	FL	33154

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

Name of Employer	Occupation
Higer Lichter & Givner LLP	Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SA11AI.6470

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Alex Halberstein
Full Name (Last, First, Middle Initial)

Mailing Address 2500 E Hallandale Beach Blvd
Ste 209

City Hallandale Beach State FL Zip Code 33009

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

Name of Employer: N/A Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11AI.6449

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Alex Halberstein
Full Name (Last, First, Middle Initial)

Mailing Address 2500 E Hallandale Beach Blvd
Ste 209

City Hallandale Beach State FL Zip Code 33009

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

Name of Employer: N/A Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.6450

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address 2500 E Hallandale Beach Blvd
Ste 209

City Hallandale Beach State FL Zip Code 33009

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

Name of Employer: N/A Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.6451

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Alex Halberstein
Full Name (Last, First, Middle Initial)

Mailing Address 2500 E Hallandale Beach Blvd
Ste 209

City Hallandale Beach State FL Zip Code 33009

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
11 / 05 / 2015
Transaction ID : SA11AI.6452

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Alex Halberstein
Full Name (Last, First, Middle Initial)

Mailing Address 2500 E Hallandale Beach Blvd
Ste 209

City Hallandale Beach State FL Zip Code 33009

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11AI.6453

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address 3318 Old Oak Ln

City Hollywood State FL Zip Code 33021

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

Name of Employer Self-employed Occupation Realtor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 24 / 2015
Transaction ID : SA11AI.6478

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Ador Lazar
Full Name (Last, First, Middle Initial)

Mailing Address 18901 NE 29th Ave
Ste. 103

City Aventura State FL Zip Code 33180

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

Name of Employer Lifespring Financial, Inc. Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
07 / 26 / 2015
Transaction ID : SA11AI.6471

Amount of Each Receipt this Period
2500.00

Memo Item
Contribution

B. Max Lichy
Full Name (Last, First, Middle Initial)

Mailing Address 1678 Presidential Way

City North Miami Beach State FL Zip Code 33179

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

Name of Employer Salland Industries Limited Co. Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 27 / 2015
Transaction ID : SA11AI.6485

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

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

Mailing Address 1678 Presidential Way

City North Miami Beach State FL Zip Code 33179

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

Name of Employer Salland Industries Limited Co. Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 30 / 2015
Transaction ID : SA11AI.6685

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.6685

Earmarked for CARLOS LOPEZ-CANTERA FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)
A. Ariela Mars

Mailing Address 20011 NE 22nd Ave

City Miami	State FL	Zip Code 33180
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.6477

Amount of Each Receipt this Period
2000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Rick Mars

Mailing Address 1946 NE 201st Street

City North Miami Beach	State FL	Zip Code 33179
---------------------------	-------------	-------------------

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

Name of Employer Dental Care Center	Occupation Dentist
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11AI.6473

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

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

Mailing Address 1436 Presidential Way

City North Miami Beach	State FL	Zip Code 33179
---------------------------	-------------	-------------------

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

Name of Employer ROK enterprises	Occupation Attorney
-------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11AI.6454

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)
A. Jeffrey Oshinsky

Mailing Address 3696 NE 199 St

City Aventura State FL Zip Code 33180

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

Name of Employer Association Financial Services Occupation Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period **500.00**

Memo Item Contribution

Full Name (Last, First, Middle Initial)
B. Stephanie Oshinsky

Mailing Address 3696 NE 199 St

City Aventura State FL Zip Code 33180

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

Name of Employer Self-employed Occupation Hospitality Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : SA11AI.6505

Amount of Each Receipt this Period **500.00**

Memo Item Contribution

Full Name (Last, First, Middle Initial)
C. Sheri Fiske Schultz

Mailing Address 1000 S. Pine Island Rd Suite 440

City Plantation State FL Zip Code 33324

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

Name of Employer Fiske & Company Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.6508

Amount of Each Receipt this Period **500.00**

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Dany Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 9595 Collins Ave

City Surfside State FL Zip Code 33154

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

Name of Employer Pokora Capital Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.6468

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

B. Jayne Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 9601 Collins Ave Apt 510

City Bal Harbour State FL Zip Code 33154

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

Name of Employer Self-employed Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015

Transaction ID : SA11AI.6499

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

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

Mailing Address 12937 Banyan Rd

City North Miami State FL Zip Code 33181

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

Name of Employer JPay Occupation Vice President - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.6466

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Ryan Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1271 99th St
 City State Zip Code
 Bay Harbor Islands FL 33154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JPay, Inc. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : SA11AI.6464
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Contribution

B. Judy Silverman
 Full Name (Last, First, Middle Initial)
 Mailing Address 19553 NE 37th Ave
 City State Zip Code
 Aventura FL 33180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Homemaker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11AI.6500
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Contribution

C. Sion Tesone
 Full Name (Last, First, Middle Initial)
 Mailing Address 335 W. 75th Place
 City State Zip Code
 Hialeah FL 33014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Amani Enterprises, LLC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11AI.6455
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Stan Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 333 Las Olas Way
Apt 1510

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Global Trend Alert Occupation Investment Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 25 / 2015
Transaction ID : SA11AI.6443

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

B. Abraham Weintraub
Full Name (Last, First, Middle Initial)

Mailing Address 20810 NE 30th Pl

City Aventura State FL Zip Code 33180

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

Name of Employer Self-employed Occupation Real Estate Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 21 / 2015
Transaction ID : SA11AI.6447

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

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

Mailing Address 3050 Aventura Blvd
3rd Floor

City Aventura State FL Zip Code 33180

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

Name of Employer Maxwelle Real Estate Group Occupation Real Estate Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11AI.6448

Amount of Each Receipt this Period
2500.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 8000.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Idel Woldenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 Bal Cross Drive
 City State Zip Code
 Bal Harbour FL 33154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Idel Woldenburg Steel Manufacturer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11AI.6446
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 Contribution

B. Jorge Woldenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 Bal Cross Drive
 City State Zip Code
 Bal Harbour FL 33154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Corpac Steel Products Corp. President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11AI.6445
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 Contribution

C. Jeffrey Wolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 19552 Embassy Court
 City State Zip Code
 North Miami Beach FL 33179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Herman Electronics Electronics Distributor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6444
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)
A. A.J. Yolofsky

Mailing Address 21000 NE 18 Ct

City Miami State FL Zip Code 33179

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

Name of Employer Self-employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
07 / 20 / 2015

Transaction ID : SA11AI.6472

Amount of Each Receipt this Period
1500.00

Memo Item Contribution

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

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	55500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Full Name (Last, First, Middle Initial)
ISI Integrated Supply, Inc.

Mailing Address 2901 Clint Moore Rd 406

City Boca Raton State FL Zip Code 33496

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
441.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA15.6489

Amount of Each Receipt this Period
 441.70

Memo Item
 Reversal of Erroneous Charge dtd 5/27

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	441.70
TOTAL This Period (last page this line number only).....▶	441.70

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. Cardmember Service

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
Web Hosting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015

Transaction ID : SB21B.6527

Amount of Each Disbursement this Period

239.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Cardmember Service

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
Website Design

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SB21B.6553

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cardmember Service

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
Event catering

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SB21B.6554

Amount of Each Disbursement this Period

214.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

703.45

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6527

Reimbursement for payment to 'MTG Web, Inc.'

Form/Schedule: SB21B

Transaction ID: SB21B.6553

Reimbursement for payment to 'MTG Web, Inc.'

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6554

Reimbursement for payment to 'City Tap House'

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. Cardmember Service

Mailing Address PO Box 15153

City State Zip Code
Wilmington DE 19886-5153

Purpose of Disbursement
Website Design

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6576

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Electoral Strategies Inc

Mailing Address 400 SW 14th Ct

City State Zip Code
Fort Lauderdale FL 33315

Purpose of Disbursement
Accounting Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6697

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Electoral Strategies Inc

Mailing Address 400 SW 14th Ct

City State Zip Code
Fort Lauderdale FL 33315

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6698

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6576

Reimbursement for payment to 'MTG Web, Inc.'

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6342

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6526

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6550

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6568

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6577

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6581

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. Sue Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6594

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

PAUL ANTHONY GOSAR

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB23.6565

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

CARLOS CURBELO

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB23.6575

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CARLOS LOPEZ-CANTERA FOR SENATE

Mailing Address 2300 CORAL WAY

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

CARLOS LOPEZ-CANTERA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB23.6687

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. CHANE FOR CONGRESS

Mailing Address PO BOX 33322

City PALM BEACH GARDENS State FL Zip Code 33420

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

JONATHAN CHANE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	1	5

Transaction ID : **SB23.6596**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR BOYLE

Mailing Address 499 S. CAPITOL ST. SW
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

BRENDAN F BOYLE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

Transaction ID : **SB23.6535**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address PO BOX 8105

City GLENDALE State AZ Zip Code 85312

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

TRENT FRANKS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

Transaction ID : **SB23.6545**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address PO BOX 8105

City State Zip Code
GLENDALE AZ 85312

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

TRENT FRANKS

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : **SB23.6549**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CRUZ FOR PRESIDENT

Mailing Address PO BOX 25376

City State Zip Code
HOUSTON TX 77265

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RAFAEL EDWARD 'TED' CRUZ

Category/
Type

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : **SB23.6497**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DAN LIPINSKI FOR CONGRESS

Mailing Address P.O. BOX 520

City State Zip Code
WESTERN SPRINGS IL 60558

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DANIEL WILLIAM LIPINSKI

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.6562**

Amount of Each Disbursement this Period

750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1750.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6497

Earmarked by Yoav Cohen

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. DR BRIAN BABIN FOR CONGRESS

Mailing Address PO BOX 159

City State Zip Code
WOODVILLE TX 75979

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

PAUL ANTHONY GOSAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB23.6558

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FLEMING FOR CONGRESS

Mailing Address PO BOX 1236

City State Zip Code
MINDEN LA 71058

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN C MR. JR. FLEMING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB23.6522

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FLEMING FOR CONGRESS

Mailing Address PO BOX 1236

City State Zip Code
MINDEN LA 71058

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN C MR. JR. FLEMING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB23.6523

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
ROY BLUNT

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2015

Transaction ID : **SB23.6582**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GARY PALMER FOR CONGRESS

Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
GARY PALMER

Office Sought: House
 Senate
 President
State: AL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB23.6538**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRAHAM FOR CONGRESS

Mailing Address PO BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
GWEN GRAHAM

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : **SB23.6599**

Amount of Each Disbursement this Period

4500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial) A. GRASSLEY COMMITTEE INC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015	
Mailing Address PO BOX 1000		Transaction ID : SB23.6690 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Memo Item	
City DES MOINES	State IA		Zip Code 50304
Purpose of Disbursement Campaign Contribution	Category/ Type 011		
Candidate Name CHARLES E SENATOR GRASSLEY	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00		

Full Name (Last, First, Middle Initial) B. HASTINGS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 18 / 2015	
Mailing Address P.O. BOX 100277		Transaction ID : SB23.6570 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item	
City FT. LAUDERDALE	State FL		Zip Code 33310
Purpose of Disbursement Campaign Contribution	Category/ Type 011		
Candidate Name ALCEE L HASTINGS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 23		

Full Name (Last, First, Middle Initial) C. HUIZENGA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015	
Mailing Address PO BOX 254		Transaction ID : SB23.6528 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item	
City ZEELAND	State MI		Zip Code 49464
Purpose of Disbursement Campaign Contribution	Category/ Type 011		
Candidate Name WILLIAM P THE HON. HUIZENGA	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 02		

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. LOIS FRANKEL FOR CONGRESS

Mailing Address P.O. BOX 775

City WEST PALM BEACH State FL Zip Code 33402

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

LOIS J. FRANKEL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB23.6552**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCAUL FOR CONGRESS, INC

Mailing Address 815-A BRAZOS ST
PMB 230

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

MICHAEL MCCAUL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 10

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : **SB23.6513**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City HENDERSONVILLE State NC Zip Code 28793

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

MARK R MEADOWS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 11

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB23.6546**

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RANDAL HILL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : **SB23.6578**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL GOSAR FOR CONGRESS

Mailing Address PO BOX 2967

City PRESCOTT State AZ Zip Code 86302

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

PAUL ANTHONY GOSAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 05 / 2015

Transaction ID : **SB23.6531**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ROB PORTMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : **SB23.6591**

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. RANDAL HILL FOR CONGRESS

Mailing Address 15175 EAGLE NEST LANE
SUITE 102

City MIAMI LAKES State FL Zip Code 33026

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

RANDAL HILL

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : **SB23.6571**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RANDAL HILL FOR CONGRESS

Mailing Address 15175 EAGLE NEST LANE
SUITE 102

City MIAMI LAKES State FL Zip Code 33026

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

RANDAL HILL

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : **SB23.6574**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

BRAD SHERMAN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : **SB23.6557**

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. RON DESANTIS FOR FLORIDA

Mailing Address PO BOX 1425

City State Zip Code
PONTE VEDRA BEACH FL 32004

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

RONALD D DESANTIS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : **SB23.6589**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

ILEANA ROS-LEHTINEN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : **SB23.6584**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

ILEANA ROS-LEHTINEN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : **SB23.6585**

Amount of Each Disbursement this Period

4500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

PETER ROSKAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB23.6542**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHERMAN FOR CONGRESS

Mailing Address 555 SO.FLOWER ST. SUITE 4210

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

BRAD SHERMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : **SB23.6551**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TED DEUTCH FOR CONGRESS COMMITTEE

Mailing Address 20423 SR 7 Suite F6-383

City Boca Raton State FL Zip Code 33498

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

THEODORE ELIOT DEUTCH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.6556**

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)

A. TED YOHO FOR CONGRESS

Mailing Address 5745 SW 75TH STREET, #283

City State Zip Code
GAINESVILLE FL 32608

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

THEODORE SCOTT MR. YOHO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : **SB23.6569**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 225

City State Zip Code
COLONIA NJ 07067

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

THOMAS MACARTHUR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : **SB23.6521**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City State Zip Code
SHIRLEY NY 11967

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

LEE MICHAEL ZELDIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : **SB23.6586**

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

80750.00