

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Florida Congressional Committee

ADDRESS (number and street) 6100 Hollywood Blvd Suite 305 Hollywood FL 33024-7981 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00127811

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 Stephen Fiske

Signature of Treasurer Stephen Fiske [Electronically Filed] Date 07 / 31 / 2015

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>		98941.12
(b) Cash on Hand at Beginning of Reporting Period.....	98941.12	
(c) Total Receipts (from Line 19)	92336.37	92336.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	191277.49	191277.49
7. Total Disbursements (from Line 31).....	65176.24	65176.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	126101.25	126101.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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)

Write or Type Committee Name

Florida Congressional Committee

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

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).....	92100.00	92100.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	92200.00	92200.00
(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)	92200.00	92200.00
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).....	133.59	133.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.78	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))..... ▶	92336.37	92336.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92336.37	92336.37

DETAILED SUMMARY PAGE
of Disbursements

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	3676.24	3676.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3676.24	3676.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61500.00	61500.00
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)) ..	65176.24	65176.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65176.24	65176.24

DETAILED SUMMARY PAGE
of Disbursements

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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)	92200.00	92200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92200.00	92200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	3676.24	3676.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	133.59	133.59
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	3542.65	3542.65

**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 6 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Max Alcalay		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 4371 Cultry Dr		Transaction ID : SA11AI.6394
City Coconut Grove	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Addison House	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ronald Bakalarz		Date of Receipt MM / DD / YYYY 06 / 23 / 2015
Mailing Address 20165 NE 39th Pl Apt 604		Transaction ID : SA11AI.6385
City Aventura	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Ariel Bentata		Date of Receipt MM / DD / YYYY 03 / 17 / 2015
Mailing Address 19452 Presidential Way		Transaction ID : SA11AI.6399
City North Miami Beach	State FL	Zip Code 33179
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Accesso Partners LLC	Occupation Managing Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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: (check only one)	PAGE 7 OF 38
	<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. Gil Bonwitt
Full Name (Last, First, Middle Initial)

Mailing Address 19410 AMBASSADOR CT

City NORTH MIAMI BEACH State FL Zip Code 33179

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

Name of Employer New Horizons Computer Learning Occupation Computer Consultant

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
 03 / 08 / 2015

Transaction ID : SA11AI.6397

Amount of Each Receipt this Period
 2500.00

Contribution

B. Philip J. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Ocean Dr Apt 903

City Miami Beach State FL Zip Code 33139-3133

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : SA11AI.6344

Amount of Each Receipt this Period
 1250.00

Contribution

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

Mailing Address 12000 Biscayne Blvd.

City Miami State FL Zip Code 33154

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

Name of Employer NZ Club Marketing INc Occupation Businessman

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
 04 / 14 / 2015

Transaction ID : SA11AI.6407

Amount of Each Receipt this Period
 2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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 8 OF 38
(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. Debbie Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd
 City Hollywood State FL Zip Code 33024
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : SA11AI.6366
 Amount of Each Receipt this Period
 5000.00
 Contribution

B. Gila Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd
 City Hollywood State FL Zip Code 33024
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : SA11AI.6371
 Amount of Each Receipt this Period
 5000.00
 Contribution

C. Jana Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd
 City Hollywood State FL Zip Code 33024
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : SA11AI.6374
 Amount of Each Receipt this Period
 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ► 15000.00
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 9 OF 38
(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. Jerome Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd
 City Hollywood State FL Zip Code 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duty Free Americas, Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 18 / 2015
Transaction ID : SA11AI.6360
 Amount of Each Receipt this Period 5000.00
 Contribution

B. Leon Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd
 City Hollywood State FL Zip Code 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duty Free Americas, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 18 / 2015
Transaction ID : SA11AI.6373
 Amount of Each Receipt this Period 5000.00
 Contribution

C. Nily Falic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd
 City Hollywood State FL Zip Code 33024
 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 ▼ 5000.00

Date of Receipt 03 / 18 / 2015
Transaction ID : SA11AI.6372
 Amount of Each Receipt this Period 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
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 10 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)
A. Simon Falic
 Mailing Address 6100 Hollywood Blvd
 City State Zip Code
 Hollywood FL 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duty Free Americas, Inc. Chairman
 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
 03 / 18 / 2015
Transaction ID : SA11AI.6364
 Amount of Each Receipt this Period
 5000.00
 Contribution

Full Name (Last, First, Middle Initial)
B. Corey Feinsilver
 Mailing Address Information Requested
 City State Zip Code
 Information Requested FL
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 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
 03 / 18 / 2015
Transaction ID : SA11AI.6363
 Amount of Each Receipt this Period
 5000.00
 Contribution

Full Name (Last, First, Middle Initial)
C. George Feldenkreis
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : SA11AI.6354
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 10500.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Alan Fiske
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Pine Island Road
 City Plantation State FL Zip Code 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fiske and Company Occupation Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 13 / 2015
Transaction ID : SA11AI.6379
 Amount of Each Receipt this Period 1500.00
 Contribution

B. Stephen Fiske
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Hollywood Blvd Ste 305
 City Hollywood State FL Zip Code 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City First Mortgage Corp. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2015
Transaction ID : SA11AI.6355
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Jacob J. Givner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 100th St
 City Bay Harbor Islands State FL Zip Code 33154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Higer Lichter & Givner LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2015
Transaction ID : SA11AI.6359
 Amount of Each Receipt this Period 1000.00
 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 12 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

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

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA11AI.6392

Amount of Each Receipt this Period
 500.00

Contribution

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

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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period
 500.00

Contribution

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

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 ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11AI.6406

Amount of Each Receipt this Period
 500.00

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: PAGE 13 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

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

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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015

Transaction ID : SA11AI.6410

Amount of Each Receipt this Period
 500.00

Contribution

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

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 ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11AI.6412

Amount of Each Receipt this Period
 500.00

Contribution

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

Mailing Address 3000 NW 107th Ave

City Miami State FL Zip Code 33172

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

Name of Employer Perry Ellis Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015

Transaction ID : SA11AI.6405

Amount of Each Receipt this Period
 300.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 14 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Eric Kane
 Full Name (Last, First, Middle Initial)
 Mailing Address 20900 NE 30th Ave
 Ste 403
 City Aventura State FL Zip Code 33180
 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 **500.00**

Date of Receipt **02 / 28 / 2015**
Transaction ID : SA11AI.6396
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Eric Kane
 Full Name (Last, First, Middle Initial)
 Mailing Address 20900 NE 30th Ave
 Ste 403
 City Aventura State FL Zip Code 33180
 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 **1000.00**

Date of Receipt **04 / 03 / 2015**
Transaction ID : SA11AI.6404
 Amount of Each Receipt this Period **500.00**
 Contribution

C. Yehuda Kaploun
 Full Name (Last, First, Middle Initial)
 Mailing Address 17350 NE 7th Ave
 City N. Miami Beach State FM Zip Code 33162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthodox Alliance of Florida, Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 22 / 2015**
Transaction ID : SA11AI.6345
 Amount of Each Receipt this Period **1000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Jonathan Kislak
 Full Name (Last, First, Middle Initial)
 Mailing Address 9999 NE 2nd Ave Ste306
 City Miami Shores State FL Zip Code 33138-2346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antares Capital Corporation Occupation Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : SA11AI.6358
 Amount of Each Receipt this Period
 3800.00
 Contribution

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.6381
 Amount of Each Receipt this Period
 500.00
 Contribution

C. David Lichter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 NE 119th Rd
 City North Miami State FL Zip Code 33181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Higer Lichter & Givner LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : SA11AI.6403
 Amount of Each Receipt this Period
 1250.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5550.00
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 38
	<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. Norman Lipoff
Full Name (Last, First, Middle Initial)

Mailing Address 3 Grove Isle Dr
Apt 1009

City Coconut Grove State FL Zip Code 33133

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

Name of Employer Greenberg Traurig PA Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 26 / 2015
Transaction ID : SA11AI.6377

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 3201 NE 183rd
Apt. 607

City Aventura State FL Zip Code 33160

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

Name of Employer Genovese Joblove and Battista Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 06 / 2015
Transaction ID : SA11AI.6352

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 1971 NE 191st Drive

City North Miami Beach State FL Zip Code 33179

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

Name of Employer Darnel Fabrics Occupation Textile Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 11 / 2015
Transaction ID : SA11AI.6357

Amount of Each Receipt this Period
1500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

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

Mailing Address 3201 NE 183rd St
 Apt 2208

City Aventura State FL Zip Code 33160

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

Name of Employer Triangle Financial Services LL Occupation Owner/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 03 / 26 / 2015
Transaction ID : SA11AI.6376

Amount of Each Receipt this Period
 5000.00

Contribution

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

Mailing Address 19400 Ambassador Court

City Miami State FL Zip Code 33179

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

Name of Employer Scheck Management, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 03 / 17 / 2015
Transaction ID : SA11AI.6401

Amount of Each Receipt this Period
 2500.00

Contribution

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

Mailing Address 2600 Island Blvd

City Aventura State FL Zip Code 33160

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 ▼
 1000.00

Date of Receipt
 06 / 23 / 2015
Transaction ID : SA11AI.6384

Amount of Each Receipt this Period
 1000.00

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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. David Shpilberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 20155 NE 38th Ct Apt 901
 City Aventura State FL Zip Code 33180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bain & Company Occupation Management Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2015
Transaction ID : SA11AI.6402
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Philip Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Hibiscus Dr
 City Hallandale Beach State FL Zip Code 33009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 08 / 2015
Transaction ID : SA11AI.6408
 Amount of Each Receipt this Period 2500.00
 Contribution

C. Stanley Tate
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 NE 125th Street
 City North Miami State FL Zip Code 33161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanley Tate Builders Occupation Contractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2015
Transaction ID : SA11AI.6346
 Amount of Each Receipt this Period 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Stanley Tate
Full Name (Last, First, Middle Initial)
Mailing Address 1175 NE 125th Street
City North Miami State FL Zip Code 33161
FEC ID number of contributing federal political committee. **C**
Name of Employer Stanley Tate Builders Occupation Contractor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2015**
Transaction ID : SA11AI.6393
Amount of Each Receipt this Period **250.00**
Contribution

B. George Temel
Full Name (Last, First, Middle Initial)
Mailing Address 9581 NE 11th St
City Plantation State FL Zip Code 33322
FEC ID number of contributing federal political committee. **C**
Name of Employer Clarity Financial Planning Occupation Financial Planner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 18 / 2015**
Transaction ID : SA11AI.6411
Amount of Each Receipt this Period **500.00**
Contribution

C. Sheryl Weitman
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Island Blvd Apt 1407
City Aventura State FL Zip Code 33160
FEC ID number of contributing federal political committee. **C**
Name of Employer State of Israel Bonds Occupation Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 11 / 2015**
Transaction ID : SA11AI.6356
Amount of Each Receipt this Period **2500.00**
Contribution

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

Full Name (Last, First, Middle Initial)
A. Nicholas Wigoda
 Mailing Address 1184 98th St
 City State Zip Code
 Bay Harbor Islands FL 33154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jones Lang LaSalle Real Estate Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : SA11AI.6350
 Amount of Each Receipt this Period
 2500.00
 Contribution

Full Name (Last, First, Middle Initial)
B. Arnold Wolf
 Mailing Address 11430 N. Bay Shore Drive
 City State Zip Code
 North Miami FL 33181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Herman Electornics Electronics Distributor
 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
 03 / 06 / 2015
Transaction ID : SA11AI.6353
 Amount of Each Receipt this Period
 1000.00
 Contribution

Full Name (Last, First, Middle Initial)
C. Achikam Yogev
 Mailing Address 2040 NE 198th Terr
 City State Zip Code
 North Miami Beach FL 33179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colliers Abood Wood-Fay Real Estate Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : SA11AI.6351
 Amount of Each Receipt this Period
 1500.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00
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 21 OF 38
(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. Achikam Yogev

Mailing Address 2040 NE 198th Terr

City North Miami Beach State FL Zip Code 33179

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

Name of Employer Colliers Abood Wood-Fay Occupation Real Estate Broker

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
 03 / 18 / 2015
Transaction ID : SA11AI.6375

Amount of Each Receipt this Period
1500.00

Contribution

Full Name (Last, First, Middle Initial)
B. 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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : SA11AI.6391

Amount of Each Receipt this Period
500.00

Contribution

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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	92100.00

**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. Citi AAdvantage Visa

Mailing Address PO Box 6406

City State Zip Code
The Lakes NV 88901

Purpose of Disbursement
Members Happy Hour

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6261

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Elena Djakonova

Mailing Address PO Box 398627

City State Zip Code
Miami Beach FL 33239

Purpose of Disbursement
Marketing Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6256

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ISI Integrated Supply, Inc.

Mailing Address 2901 Clint Moore Rd 406

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
Printing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6388

Amount of Each Disbursement this Period

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. Ocean Printing, Inc.

Mailing Address 4447 Hollywood Blvd.

City Hollywood State FL Zip Code 33021

Purpose of Disbursement
Printing

006

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : SB21B.6324

Amount of Each Disbursement this Period

139.00

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : SB21B.6424

Amount of Each Disbursement this Period

72.80

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : SB21B.6425

Amount of Each Disbursement this Period

72.80

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

284.60

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. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

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
03 / 18 / 2015

Transaction ID : SB21B.6426

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

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
03 / 26 / 2015

Transaction ID : SB21B.6427

Amount of Each Disbursement this Period

36.55

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

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
04 / 03 / 2015

Transaction ID : SB21B.6428

Amount of Each Disbursement this Period

11.30

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

77.15

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. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : SB21B.6429

Amount of Each Disbursement this Period

6.90

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : SB21B.6432

Amount of Each Disbursement this Period

11.30

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : SB21B.6434

Amount of Each Disbursement this Period

55.30

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

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

73.50

**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. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SB21B.6435

Amount of Each Disbursement this Period

55.30

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 06 / 2015

Transaction ID : SB21B.6436

Amount of Each Disbursement this Period

12.80

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : SB21B.6437

Amount of Each Disbursement this Period

12.80

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

80.90

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. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB21B.6422

Amount of Each Disbursement this Period

14.80

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68128

Purpose of Disbursement
Credit Card Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB21B.6438

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

C. Susan Rivera

Mailing Address 6100 Hollywood Blvd
Ste 305

City Hollywood State FL Zip Code 33024

Purpose of Disbursement
Marketing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2015

Transaction ID : SB21B.6262

Amount of Each Disbursement this Period

300.00

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

318.00

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 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. Susan 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) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6315

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Susan 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) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6318

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Susan 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) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6331

Amount of Each Disbursement this Period

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. BLUM FOR CONGRESS

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RODNEY LELAND BLUM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : **SB23.6271**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLUM FOR CONGRESS

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RODNEY LELAND BLUM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : **SB23.6325**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

CARLOS CURBELO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : **SB23.6268**

Amount of Each Disbursement this Period

4000.00

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

9000.00

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. COLLINS FOR CONGRESS

Mailing Address PO BOX 855

City JACKSON State GA Zip Code 30233

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DOUGLAS ALLEN COLLINS

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : **SB23.6306**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address PO BOX 533616

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ALAN MARK GRAYSON

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : **SB23.6275**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

SEAN DUFFY

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2015

Transaction ID : **SB23.6260**

Amount of Each Disbursement this Period

2000.00

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

5500.00

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. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ELIOT ENGEL

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : **SB23.6316**

Amount of Each Disbursement this Period

5000.00

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
State: LA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : **SB23.6339**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City State Zip Code
CLEVELAND OH 44143

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DAVID P JOYCE

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : **SB23.6263**

Amount of Each Disbursement this Period

1000.00

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

6500.00

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 DENNIS ROSS

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DENNIS ALAN ROSS

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : **SB23.6333**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM BRIDENSTINE INC

Mailing Address PMB 230
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JAMES FREDERICK BRIDENSTINE

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : **SB23.6290**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

KELLY A AYOTTE

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : **SB23.6337**

Amount of Each Disbursement this Period

5000.00

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

11500.00

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 MIA LOVE

Mailing Address PO BOX 255

City RIVERTON State UT Zip Code 84065

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
MIA LOVE

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	5		

Transaction ID : SB23.6441

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MIKE LEE INC

Mailing Address 190 WEST 800 NORTH STE 100

City PROVO State UT Zip Code 84601

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
MIKE LEE

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	5		

Transaction ID : SB23.6317

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
JOHN HARDY ISAKSON

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.6326

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

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

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

5	5	0	.	0	0
---	---	---	---	---	---

5	5	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. HURD FOR CONGRESS

Mailing Address PO BOX 656

City HELOTES State TX Zip Code 78023

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

WILLIAM HURD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : **SB23.6300**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JEFFREY D MR. DUNCAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : **SB23.6319**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. KIRK FOR SENATE

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

MARK STEVEN KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2015

Transaction ID : **SB23.6259**

Amount of Each Disbursement this Period

5000.00

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

6500.00

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. LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
ALLEN LUCAS MESSER

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : **SB23.6294**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE

Mailing Address ONE GATEWAY CENTER SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
ROBERT MENENDEZ

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : **SB23.6281**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
MICHAEL J BOST

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : **SB23.6303**

Amount of Each Disbursement this Period

1000.00

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. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
RODNEY L DAVIS

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : **SB23.6309**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RON DESANTIS FOR CONGRESS

Mailing Address PO BOX 405

City POINTE VEDRA State FL Zip Code 32004

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
RONALD D DESANTIS

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB23.6334**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
ILEANA ROS-LEHTINEN

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB23.6338**

Amount of Each Disbursement this Period

500.00

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

4000.00

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. VARGAS FOR CONGRESS

Mailing Address 330 ENCINITAS BLVD., SUITE 101

City ENCINITAS State CA Zip Code 92024

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
JUAN C. VARGAS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : **SB23.6287**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
LEE MICHAEL ZELDIN

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : **SB23.6282**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
LEE MICHAEL ZELDIN

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : **SB23.6314**

Amount of Each Disbursement this Period

2500.00

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. ZINKE FOR CONGRESS

Mailing Address PO BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RYAN K ZINKE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MT District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : SB23.6297

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

61500.00