

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Castor for Congress

ADDRESS (number and street) 301 W. Platt Street, #385
Check if different than previously reported. (ACC) Tampa FL 33606

2. FEC IDENTIFICATION NUMBER C C00410761
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 14

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on 08 / 14 / 2012 in the State of FL
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2012 through 07 / 25 / 2012

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 Amy Martin
Signature of Treasurer Amy Martin [Electronically Filed] Date 08 / 02 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Castor for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	14715.00	814477.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14715.00	814477.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15749.82	288114.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8591.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15749.82	279523.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	828255.25	
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Castor for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 07 / 25 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1350.00	417986.94
(ii) Unitemized	365.00	68480.00
(iii) TOTAL of contributions from individuals	1715.00	486466.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13000.00	328010.33
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14715.00	814477.27
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	8591.33
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	3277.68
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	14715.00	826346.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15749.82	288114.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1000.00	62000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16749.82	350114.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	830290.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14715.00
25. SUBTOTAL (add Line 23 and Line 24).....	845005.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16749.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	828255.25

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

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

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
Morris C. Massey

Mailing Address 109 South Woodlynne Avenue

City Tampa State FL Zip Code 33609

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

Name of Employer Hill Ward Henderson Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2012

Transaction ID : C5322166

Amount of Each Receipt this Period
250.00

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

Mailing Address 18515 Eastshore Dr

City Fort Myers State FL Zip Code 33967

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 06 / 2012

Transaction ID : C5301953

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Debra K. Smietanski

Mailing Address 3001 W. Fair Oaks Ave.

City Tampa State FL Zip Code 33611

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

Name of Employer Foley & Lardner LLP Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : C5322181

Amount of Each Receipt this Period
1000.00

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

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

1350.00

1350.00

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

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

FOR LINE NUMBER:		PAGE 6 OF 14	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Federation of State County & Municipal Em		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2012
Mailing Address 1625 L Street North West		Transaction ID : C5301960
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	C C00011114	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7000.00	

Full Name (Last, First, Middle Initial) B. American Federation of State County & Municipal Em		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2012
Mailing Address 1625 L Street North West		Transaction ID : C5301958
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	C C00011114	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7000.00	

Full Name (Last, First, Middle Initial) C. COVINGTON AND BURLING LLP PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2012
Mailing Address 1201 PENNSYLVANIA AVENUE, NW		Transaction ID : C5322170
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	C C00462630	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

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

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

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NAME OF COMMITTEE (In Full)
Castor for Congress

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

Mailing Address 301 East Pine Street
Suite 1400

City Orlando State FL Zip Code 32801

FEC ID number of contributing federal political committee. **C C00224790**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : C5301956

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : C5322176

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
International Longshoremens' Association

Mailing Address 17 Battery Place

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C C00158576**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5301967

Amount of Each Receipt this Period
500.00

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

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)
Castor for Congress

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2012

Transaction ID : C5301961

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
New York Life Political Action Committee

Mailing Address 51 Madison Avenue
Room 1109

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : C5322175

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

13000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 14.75
City Fort Lauderdale	State FL	
Zip Code 33329	Purpose of Disbursement Merchant fees	Transaction ID : D288253
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 137.85
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Telephone	Transaction ID : D288239
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Brey & Company, CPA's, PA		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 35 Davis Boulevard		Amount of Each Disbursement this Period 3645.10
City Tampa	State FL	
Zip Code 33606	Purpose of Disbursement Accounting services & postage	Transaction ID : D288240
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3797.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Bright House Networks			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 700 Carillon Pkwy			Amount of Each Disbursement this Period 272.46 Transaction ID : D288247
City Saint Petersburg	State FL	Zip Code 33716	
Purpose of Disbursement Telephone & internet services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. First Data			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE			Amount of Each Disbursement this Period 138.39 Transaction ID : D288237
City Atlanta	State GA	Zip Code 30342-4756	
Purpose of Disbursement Merchant fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Golden Rule Insurance			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 7440 Woodland Drive			Amount of Each Disbursement this Period 140.14 Transaction ID : D288241
City Indianapolis	State IN	Zip Code 46278	
Purpose of Disbursement Employee benefit		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	550.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Kevin Karpay		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 715 S Boulevard		Amount of Each Disbursement this Period 2268.50
City Tampa	State FL Zip Code 33606	
Purpose of Disbursement Payroll	Category/Type	Transaction ID : D288256
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Meghan Eileen Meehan-Draper		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 3627 Dexter Drive		Amount of Each Disbursement this Period 1245.25
City Tallahassee	State FL Zip Code 32312	
Purpose of Disbursement Payroll	Category/Type	Transaction ID : D288254
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1101 15th Street NW		Amount of Each Disbursement this Period 1800.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Data, website, support	Category/Type	Transaction ID : D288235
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5313.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. T-Mobile		M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address P.O. Box 660252		Amount of Each Disbursement this Period
City Dallas State TX Zip Code 75266		111.16
Purpose of Disbursement Telephone	Candidate Name	Transaction ID : D288250
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. United States Postal Service		M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 5201 West Spruce Street		Amount of Each Disbursement this Period
City Tampa State FL Zip Code 33630		942.52
Purpose of Disbursement Postage	Candidate Name	Transaction ID : D288251
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. US Treasury		M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20220		3991.50
Purpose of Disbursement Payroll taxes	Candidate Name	Transaction ID : D288242
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5045.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Kevin Karpay			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012		
Mailing Address 715 S Boulevard			Amount of Each Disbursement this Period 814.30		
City Tampa	State FL	Zip Code 33606	Transaction ID : D288257		
Purpose of Disbursement Exp Reimb - travel/airfare (memo'd)		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. US Airways			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012		
Mailing Address P.O. Box 1501			Amount of Each Disbursement this Period 414.70		
City Winston Salem	State NC	Zip Code 27102	Transaction ID : D288258		
Purpose of Disbursement Travel - Airfare		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. US Airways			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012		
Mailing Address P.O. Box 1501			Amount of Each Disbursement this Period 399.60		
City Winston Salem	State NC	Zip Code 27102	Transaction ID : D288260		
Purpose of Disbursement Travel - Airfare		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	814.30
TOTAL This Period (last page this line number only).....	15521.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Castor for Congress

Full Name (Last, First, Middle Initial) A. LOIS FRANKEL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address P.O. BOX 775		Amount of Each Disbursement this Period 1000.00 Transaction ID : D288261
City WEST PALM BEACH	State FL	
Zip Code 33402	Purpose of Disbursement Contribution	Category/ Type
Candidate Name LOIS J FRANKEL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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