

# 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

TED YOHO FOR CONGRESS

ADDRESS (number and street) ▼

5745 SW 75TH STREET, #283

Check if different than previously reported. (ACC)

GAINESVILLE

FL

32608

2. **FEC IDENTIFICATION NUMBER** ▼

C C00494583

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

03

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

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

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

Type or Print Name of Treasurer LAURA JACKSON

Signature of Treasurer LAURA JACKSON

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TED YOHO 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))....	167455.90	226591.05
(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)).....	167455.90	226591.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	38853.05	159347.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	26.61	26.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38826.44	159321.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	226948.46	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**TED YOHO FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	129152.40	162002.40
(ii) Unitemized.....	10053.40	24338.55
(iii) TOTAL of contributions from individuals ▶	139205.80	186340.95
(b) Political Party Committees.....	250.00	250.00
(c) Other Political Committees (such as PACs).....	28000.10	40000.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	167455.90	226591.05
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	26.61	26.61
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	167482.51	226617.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38853.05	159347.94
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 .....	647.68	3437.68
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39500.73	162785.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	98966.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	167482.51
25. SUBTOTAL (add Line 23 and Line 24).....	266449.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39500.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	226948.46

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARCUS ADOLFSSON**

Mailing Address 1478 SW 90TH ST.

City GAINESVILLE	State FL	Zip Code 32607
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FEC ID number of contributing federal political committee. **C**

Name of Employer MOBILE NATIONS	Occupation CEO
------------------------------------	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

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

**Transaction ID : SA11AI.16549**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARCUS ADOLFSSON**

Mailing Address 1478 SW 90TH ST.

City GAINESVILLE	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer MOBILE NATIONS	Occupation CEO
------------------------------------	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

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

**Transaction ID : SA11AI.16558**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CASEY ADOLFSSON**

Mailing Address 1478 SW 90TH ST.

City GAINESVILLE	State FL	Zip Code 32607
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation AUTHOR
-----------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

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

**Transaction ID : SA11AI.16550**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CASEY ADOLFSSON**

Mailing Address 1478 SW 90TH ST.

City Gainesville State FL Zip Code 32607

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

Name of Employer SELF EMPLOYED Occupation AUTHOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

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

**Transaction ID : SA11AI.16551**

Amount of Each Receipt this Period  
1900.00

**B.** Full Name (Last, First, Middle Initial)  
**RAVINDRA K AHUJA**

Mailing Address 4548 SW 97TH TER

City Gainesville State FL Zip Code 32608

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

Name of Employer OPTYM Occupation PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.16519**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL J AKEY JR**

Mailing Address 10827 SW 17TH LN

City Gainesville State FL Zip Code 32607

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.16578**

Amount of Each Receipt this Period  
300.00

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

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

2700.00

**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 7 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TRACE ARMSTRONG**

Mailing Address 422 SW 88TH TER

City GAINESVILLE	State FL	Zip Code 32607
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FEC ID number of contributing federal political committee. **C**

Name of Employer CAA	Occupation SPORTS AGENT
-------------------------	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11Al.16515**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMIR ASAOI**

Mailing Address 13447 US HWY 301 S

City STARKE	State FL	Zip Code 32091
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FEC ID number of contributing federal political committee. **C**

Name of Employer MURRAY AUTOMOTIVE GROUP	Occupation AUTOMOTIVE
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11Al.17281**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN BAIRD**

Mailing Address 2946 SW 98TH WAY

City GAINESVILLE	State FL	Zip Code 32608
---------------------	-------------	-------------------

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

Name of Employer BOSS HAROLT	Occupation REAL ESTATE
---------------------------------	---------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16545**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TONY BARR**

Mailing Address **2804 NW 48TH TERR**

City **GAINESVILLE** State **FL** Zip Code **32606**

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

Name of Employer **BARR SYSTEMS, INC.** Occupation **SOFTWARE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 08 / 2015**

**Transaction ID : SA11AI.15268**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**TOM BEARDEN**

Mailing Address **PO BOX 336933**

City **GREELEY** State **CO** Zip Code **80633**

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

Name of Employer **TELEPHONE TOWN HALL** Occupation **SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11AI.17367**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN E BELTZ**

Mailing Address **4125 SW 31 DR**

City **GAINESVILLE** State **FL** Zip Code **32608**

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

Name of Employer **BELLA PROPERTIES** Occupation **REAL ESTATE AGENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.16570**

Amount of Each Receipt this Period  
**250.00**

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

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

**1500.00**



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

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

FOR LINE NUMBER: PAGE 9 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KATHY B BIELLING**

Mailing Address 6074 WEST STATE ROAD 238

City State Zip Code  
LAKE BUTLER FL 32054

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

Name of Employer Occupation  
LAND & HOMES REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17271**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**PATRICE BOYES**

Mailing Address 261SOUTHWEST 129TH TERRACE

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16529**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**EDUARDO BRAVO**

Mailing Address 8135 SOUTHWEST 9TH LANE

City State Zip Code  
GAINESVILLE FL 32607

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

Name of Employer Occupation  
SELF EMPLOYED LANDSCAPING

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16620**

Amount of Each Receipt this Period  
 500.00

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

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

1950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DR. DENNIS E. BROOKS**

Mailing Address 16209 NW 92 LANE

City Gainesville State FL Zip Code 32615

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

Name of Employer UNIVERSITY OF FLORIDA Occupation VETERINARIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.17330**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**DEBORAH BUTLER**

Mailing Address 2306 SOUTHWEST 13TH STREET #1206

City Gainesville State FL Zip Code 32608

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

Name of Employer BUTLER ENTERPRISES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11AI.14835**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**DEBORAH J BUTLER**

Mailing Address PO BOX 141105

City Gainesville State FL Zip Code 32614

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

Name of Employer BUTLER PLAZA Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11AI.16647**

Amount of Each Receipt this Period  
2700.00

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 11 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN CADE**

Mailing Address **PO BOX 559**

City **NEWBERRY** State **FL** Zip Code **32669**

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

Name of Employer **SELF EMPLOYED** Occupation **PARTS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16618**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**MARY CADE**

Mailing Address **529 NORTHWEST 58TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32607**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16619**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**BEN CAMPEN**

Mailing Address **5348 NW 9TH LANE**

City **GAINESVILLE** State **FL** Zip Code **32605**

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

Name of Employer **RANDI ELRAD** Occupation **REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11AI.17359**

Amount of Each Receipt this Period  
 500.00

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

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

3400.00

**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 12 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN V. CARLSON**

Mailing Address 5120 NW 67TH ST

City State Zip Code  
GAINESVILLE FL 32653

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

Name of Employer Occupation  
CHARLES PERRY PARTNERS, INC CONSTRUCTION MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.16582**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**TESSIE R CARSON**

Mailing Address PO BOX 447

City State Zip Code  
LAKE BUTLER FL 32054

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17243**

Amount of Each Receipt this Period  
1150.00

**C.** Full Name (Last, First, Middle Initial)  
**CURT CERVENY**

Mailing Address 958 CONEFLOWER DRIVE

City State Zip Code  
GOLDEN CO 80401

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

Name of Employer Occupation  
TELEPHONE TOWN HALL OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.17368**

Amount of Each Receipt this Period  
500.00

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

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

2150.00

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

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

FOR LINE NUMBER: PAGE 13 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES CONSTRUCTION GROUP, LLC**

Mailing Address 130 SW 140TH TERR

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16612**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES G. DAVIS**

Mailing Address 130 SW 140TH TERR

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
CHARLES CONSTRUCTION GROUP, LLC PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16613**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
PARTNERSHIP CHARLES CONSTRUCTION GROUP, LLC

**C.** Full Name (Last, First, Middle Initial)  
**MR. LARRY H CHESHIRE**

Mailing Address 1325 NW 53RD AVE., STE. E

City State Zip Code  
GAINESVILLE FL 32609

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

Name of Employer Occupation  
CHESHIRE FAMILY COMPANY OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16627**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DEAN CHESHIRE**

Mailing Address 1325 NW 53RD AVE STE E

City Gainesville State FL Zip Code 32609

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

Name of Employer ALACHUA COUNTY Occupation TEACHER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16628**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**KYLE D. CHESHIRE**

Mailing Address 3815 NW 57TH TERRACE

City Gainesville State FL Zip Code 32606

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

Name of Employer CHESHIRE REALTY Occupation REAL ESTATE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16629**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES W. CLEMONS**

Mailing Address 12807 SW 1ST PL.

City Newberry State FL Zip Code 32669

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16537**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN CRAWFORD**

Mailing Address 5200 NORTHWEST 43RD STREET  
102-381

City Gainesville State FL Zip Code 32606

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

Name of Employer CONCEPT CONSTRUCTION Occupation DIRECTOR/PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17296**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH DAVIS**

Mailing Address POST OFFICE BOX 13442

City Gainesville State FL Zip Code 32604

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16566**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD A DAVIS**

Mailing Address 15135 NW 11TH PL

City Newberry State FL Zip Code 32664

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16594**

Amount of Each Receipt this Period  
 2700.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR PATRICK DAVIS**

Mailing Address 5160 HEARTHSTONE IN

City State Zip Code  
COLORADO SPRINGS CO 80919

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

Name of Employer Occupation  
PATRICK DAVIS CONSULTING CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2015

**Transaction ID : SA11AI.17286**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES A DAVIS JR**

Mailing Address 7630 SW COUNTRY ROAD 18

City State Zip Code  
HAMPTON FL 32004

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17303**

Amount of Each Receipt this Period  
1150.00

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN DICKS**

Mailing Address 804 SOUTHEAST FEAGLE AVENUE

City State Zip Code  
LAKE CITY FL 32025

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17244**

Amount of Each Receipt this Period  
1000.00

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

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

2400.00



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

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

FOR LINE NUMBER: PAGE 17 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TERRY DICKS**

Mailing Address 4458 S. US HIGHWAY 441

City LAKE CITY State FL Zip Code 32025

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

Name of Employer TDG HOLDINGS, LLC Occupation PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17305**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**BENJAMIN DOERR JR**

Mailing Address 1411 NW 46TH TER

City GAINESVILLE State FL Zip Code 32605

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16587**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**VERNON DOUGLAS**

Mailing Address 281 SW VOYAGER CT.

City LAKE CITY State FL Zip Code 32025

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17301**

Amount of Each Receipt this Period  
 1150.00

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SVEIN DYRKOLBOTN**

Mailing Address 1727 SW 108TH ST

City GAINESVILLE	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer VIKING COMPANIES	Occupation OWNER
--------------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : SA11AI.16572**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**SVEIN DYRKOLBOTN**

Mailing Address 1727 SW 108TH ST

City GAINESVILLE	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer VIKING COMPANIES	Occupation OWNER
--------------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : SA11AI.16573**

Amount of Each Receipt this Period  
2300.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. RANDI K ELRAD**

Mailing Address 8015 SW 42ND TEARRACE

City GAINESVILLE	State FL	Zip Code 32608
---------------------	-------------	-------------------

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

Name of Employer CRIME PREVENTION SECURITY SYSTEMS	Occupation OWNER
---	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.16565**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 19 OF 89

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLAY G FEAGLE**

Mailing Address 325 NW HIGH POINT DRIVE

City LAKE CITY      State FL      Zip Code 32055

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

Name of Employer SELF      Occupation RESTAURANT OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17260**

Amount of Each Receipt this Period  
 1000.00

1150.00

**B.** Full Name (Last, First, Middle Initial)  
**CLAY G FEAGLE**

Mailing Address 325 NW HIGH POINT DRIVE

City LAKE CITY      State FL      Zip Code 32055

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

Name of Employer SELF      Occupation RESTAURANT OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17290**

Amount of Each Receipt this Period  
 150.00

1150.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY E FERENEC**

Mailing Address 14283 SW 4TH PL.

City NEWBERRY      State FL      Zip Code 32669

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

Name of Employer FLORIDA FARM BUREAU      Occupation INSURANCE AGENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17294**

Amount of Each Receipt this Period  
 1150.00

1150.00

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 20 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP FERRARA**

Mailing Address 197 SW 129TH TER

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
LIBERTY AIR OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11AI.16623**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID LEE FERRO**

Mailing Address 2715 NW 51ST PL

City State Zip Code  
GAINESVILLE FL 32605

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

Name of Employer Occupation  
SELF REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.17280**

Amount of Each Receipt this Period  
1150.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN L. FLEMING**

Mailing Address 4202 NW 155TH TERR.

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.16610**

Amount of Each Receipt this Period  
500.00

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

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

3150.00

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

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

FOR LINE NUMBER: PAGE 21 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIDGET FLEMING**

Mailing Address 4202 NW 155TH TERR

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11A1.16611**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE COTTON FLETCHER**

Mailing Address 1223 NW 114 DR.

City State Zip Code  
GAINESVILLE FL 32606

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

Name of Employer Occupation  
GEORGE E. FLETCHER, INC PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11A1.17270**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**G.W. BLAKE FLETCHER**

Mailing Address 11514 NW 15TH LN.

City State Zip Code  
GAINESVILLE FL 32606

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11A1.16585**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**G.W. BLAKE FLETCHER**

Mailing Address 11514 NW 15TH LN.

City GAINESVILLE	State FL	Zip Code 32606
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17269**

Amount of Each Receipt this Period  
650.00

**B.** Full Name (Last, First, Middle Initial)  
**BENJAMIN FRENCH**

Mailing Address POST OFFICE BOX 90027

City GAINESVILLE	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer WALDORF INSURANCE	Occupation VICE PRESIDENT
---------------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015

**Transaction ID : SA11AI.15267**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**BRENT GAFFNEY**

Mailing Address 395 TRITON RD

City ORMOND BEACH	State FL	Zip Code 32176
----------------------	-------------	-------------------

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

Name of Employer OASIS LANDSCAPING	Occupation OWNER
---------------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.16605**

Amount of Each Receipt this Period  
250.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MITCH GLAESER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015	
Mailing Address 2145 SOUTHWEST 94TH TERRECE		<b>Transaction ID : SA11AI.16576</b>	
City State Zip Code GAINESVILLE FL 32607	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation GLAESER REALTY OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. A. STANLEY GREEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2015	
Mailing Address 17358 PINHOLSTER STREET		<b>Transaction ID : SA11AI.17278</b>	
City State Zip Code BROOKER FL 32622	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation VALLEY VIEW DAIRY OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. JACK HAZEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2015	
Mailing Address 13870 SOUTHWST 175TH AVENUE		<b>Transaction ID : SA11AI.17274</b>	
City State Zip Code BROOKER FL 32622	Amount of Each Receipt this Period 1150.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation NONE RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1150.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

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

FOR LINE NUMBER: PAGE 24 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES D. HENDERSON II**

Mailing Address **3611 SW 63RD LANE**

City **GAINESVILLE** State **FL** Zip Code **32608**

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

Name of Employer **SELF EMPLOYED** Occupation **ENGINEER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11AI.16547**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**WENDY HILL**

Mailing Address **11702 SW 143RD ST**

City **ARCHER** State **FL** Zip Code **32618**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : SA11AI.16645**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY A HIPPI**

Mailing Address **9008 SW 17TH AVE**

City **GAINSEVILLE** State **FL** Zip Code **32607**

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

Name of Employer **GAINESVILLE SURGICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17253**

Amount of Each Receipt this Period  
**1150.00**

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

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

**2650.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALAN HITCHCOCK**

Mailing Address **POST OFFICE BOX 129**

City **ALACHUA** State **FL** Zip Code **32616**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17249**

Amount of Each Receipt this Period  
**1150.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES HOLDEN JR.**

Mailing Address **5601 NORTHWEST 99TH TERRACE**

City **GAINESVILLE** State **FL** Zip Code **32653**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.16527**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**RONALD A HYATT**

Mailing Address **11630 NW 16TH PL**

City **GAINESVILLE** State **FL** Zip Code **32606**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.16621**

Amount of Each Receipt this Period  
**250.00**

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

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

**1650.00**

**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 26 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VIRGINIA JOHNS**

Mailing Address POST OFFICE BOX 986

City ALACHUA State FL Zip Code 32616

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

Name of Employer HIPP CONSTRUCTION Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : SA11AI.17356**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**DOUG JOHNSON**

Mailing Address POST OFFICE BOX 362

City MELROSE State FL Zip Code 32666

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

Name of Employer JOHNSON & FLETCHER Occupation INSURANCE SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.16522**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN L JOHNSON**

Mailing Address 13682 NE 76TH AVE

City LAKE BUTLER State FL Zip Code 32054

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

Name of Employer THOMAS H FARM AND LUMBER Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17289**

Amount of Each Receipt this Period  
 1150.00

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LAWRENCE A JONES**

Mailing Address 20450 NE 75TH ST

City WILLISTON State FL Zip Code 32696

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

Name of Employer CARPET ONE Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16559**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LURONDA S JOYE**

Mailing Address 10153 WEST US HIGHWAY 90

City LAKE CITY State FL Zip Code 32055

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

Name of Employer ENERGY ROOFING TECHNOLOGY Occupation ROOF CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16536**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN R LANZA**

Mailing Address 1969 NW 111TH LOOP

City OCALA State FL Zip Code 34475

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

Name of Employer PARKS FORD Occupation MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16591**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FREDRICK E LATORRE**

Mailing Address **PO BOX 884**

City **SILVER SPRINGS** State **FL** Zip Code **34489**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.16560**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRANKLIN K. LENTZ JR.**

Mailing Address **8729 SW 61ST AVE.**

City **GAINESVILLE** State **FL** Zip Code **32608**

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

Name of Employer **LENTZ FINANCIAL GROUP** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2015**

**Transaction ID : SA11AI.17331**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**BRIAN LESLIE**

Mailing Address **1708 SW 117TH ST**

City **GAINESVILLE** State **FL** Zip Code **32607**

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

Name of Employer **CHARLES PERRY PARTNERS** Occupation **CONSTRUCTION**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.16579**

Amount of Each Receipt this Period  
**500.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GILBERT LEVY JR.**

Mailing Address 7719 NW 18TH LANE

City Gainesville State FL Zip Code 32605

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

Name of Employer CONSULTANTS AND ANALYSTS, LLC Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.17209**

Amount of Each Receipt this Period  
 2700.00

IN-KIND: EVENT CATERING

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BECKY LEVY**

Mailing Address 7719 NW 18TH LN

City Gainesville State FL Zip Code 32605

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : SA11AI.17211**

Amount of Each Receipt this Period  
 2642.40

IN-KIND: EVENT CATERING

**C.** Full Name (Last, First, Middle Initial)  
**MICAH S LINTON**

Mailing Address 343 NW COLE TER STE 214

City Lake City State FL Zip Code 32055

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

Name of Employer RIMROCK DEVELOPMENT Occupation DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17259**

Amount of Each Receipt this Period  
 1000.00

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

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

6342.40

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

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

FOR LINE NUMBER: PAGE 30 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICAH S LINTON**

Mailing Address 343 NW COLE TER STE 214

City LAKE CITY State FL Zip Code 32055

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

Name of Employer RIMROCK DEVELOPMENT Occupation DEVELOPER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17263**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 150.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL LUKOWSKI**

Mailing Address 4701 NORTHEAST 40TH TERRACE

City GAINESVILLE State FL Zip Code 32609

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

Name of Employer UNIVERSITY AIR CENTER Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.16174**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**TOM MALLINI**

Mailing Address 1258 SW 109TH DR

City GAINESVILLE State FL Zip Code 32607

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

Name of Employer M&S BANK Occupation BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

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

**Transaction ID : SA11AI.16544**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 900.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JORGIA A MCAFEE**

Mailing Address 8205 SW 44TH TER

City Gainesville State FL Zip Code 32608

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

Name of Employer **CRIME PREVENTION** Occupation **SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.16569**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**JESSICA P MCKINNEY**

Mailing Address 11238 NW 35TH AVE

City Gainesville State FL Zip Code 32606

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

Name of Employer **CRIME PREVENTION SECURITY SYSTEMS** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.16562**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**JUDY MIKELL**

Mailing Address 31382 NW 217TH DRIVE

City MICH SPRINGS State FL Zip Code 32643

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

Name of Employer **FARM BUREAU** Occupation **FARMER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17258**

Amount of Each Receipt this Period  
**1150.00**

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

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

**2150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOORE**

Mailing Address 6950 SW 14TH AVE

City Ocala State FL Zip Code 34476

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

Name of Employer MORGAN AUTO GROUP Occupation REGIONAL DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16524**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA MOSER**

Mailing Address PO BOX 520

City Alachua State FL Zip Code 32616

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

Name of Employer HORIZON REALTY OF ALACHUA, INC. Occupation REAL ESTATE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11AI.14836**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA MOSER**

Mailing Address PO BOX 520

City Alachua State FL Zip Code 32616

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

Name of Employer HORIZON REALTY OF ALACHUA, INC. Occupation REAL ESTATE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015

**Transaction ID : SA11AI.14856**

Amount of Each Receipt this Period  
 50.00

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

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

1150.00



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

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

FOR LINE NUMBER: PAGE 33 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA MOSER**

Mailing Address **PO BOX 520**

City **ALACHUA** State **FL** Zip Code **32616**

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

Name of Employer **HORIZON REALTY OF ALACHUA, INC.** Occupation **REAL ESTATE BROKER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **900.00**

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

**Transaction ID : SA11AI.16614**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**BRYAN NAZWORTH**

Mailing Address **14872 SOUTHWEST 161ST STREET**

City **BROOKER** State **FL** Zip Code **32622**

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

Name of Employer **QUALITY PLUMBING** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17299**

Amount of Each Receipt this Period  
**1150.00**

**C.** Full Name (Last, First, Middle Initial)  
**ANGELA K NAZWORTH**

Mailing Address **14872 SW 161ST ST**

City **BROOKER** State **FL** Zip Code **32622**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.16577**

Amount of Each Receipt this Period  
**250.00**

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

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

**1650.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARSH A. NESMITH MD**

Mailing Address 11120 SW 27TH AVE

City Gainesville State FL Zip Code 32608

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16607**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PENNIE M. NETTLES**

Mailing Address 1323 SE MYRTIS RD

City Lake City State FL Zip Code 32025

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17261**

Amount of Each Receipt this Period  
 1150.00

**C.** Full Name (Last, First, Middle Initial)  
**ED NEWMANS**

Mailing Address PO BOX 5425

City Gainesville State FL Zip Code 32627

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

Name of Employer NEWMANS HEATING Occupation HVAC CONTRACTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16531**

Amount of Each Receipt this Period  
 250.00

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

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

1650.00

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

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

FOR LINE NUMBER: PAGE 35 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM O'STEEN**

Mailing Address 16615 NORTHWEST CR 241

City ALACHUA State FL Zip Code 32615

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

Name of Employer O'STEEN BROS CONS Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11Al.16644**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DEXTER O'STEEN**

Mailing Address 16707 NORTHWEST CR 241

City ALACHUA State FL Zip Code 32615

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

Name of Employer O'STEEN BROS CONSTRUCTION Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11Al.17279**

Amount of Each Receipt this Period  
 1150.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. IVAN A. OELRICH**

Mailing Address 4226 SW 182ND DR.

City NEWBERRY State FL Zip Code 32669

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

Name of Employer OELRICH CONSTRUCTION Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16567**

Amount of Each Receipt this Period  
 1000.00

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

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

3150.00

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

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

FOR LINE NUMBER: PAGE 36 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. IVAN A. OELRICH**

Mailing Address 4226 SW 182ND DR.

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
OELRICH CONSTRUCTION OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17272**

Amount of Each Receipt this Period  
1150.00

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN R PARKS**

Mailing Address 1857 ALAQUA DR.

City State Zip Code  
LONGWOOD FL 32779

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

Name of Employer Occupation  
PARKS FORD PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : SA11AI.16592**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**LINDA G.T. PARKS**

Mailing Address 1857 ALAQUA DR.

City State Zip Code  
LONGWOOD FL 32779

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.16593**

Amount of Each Receipt this Period  
300.00

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

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

4150.00

**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 37 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN PASTORE JR.**

Mailing Address 8015 SOUTHWEST 42ND TERRACE

City Gainesville State FL Zip Code 32607

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

Name of Employer **CRIME PREVENTION SYSTEMS** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11A1.16561**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA M. PAVLIK**

Mailing Address 219 NW 117TH WAY

City Gainesville State FL Zip Code 32607

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2015

**Transaction ID : SA11A1.14876**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BETTY A. PETTY**

Mailing Address 6717 NW 48TH LANE

City Gainesville State FL Zip Code 32653

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

Name of Employer **EXACTECH** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11A1.16606**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BILL PRESTON**

Mailing Address **PO BOX 358780**

City **GAINESVILLE** State **FL** Zip Code **32635**

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

Name of Employer **PRESTON ELECTRIC** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : SA11AI.16643**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILLIP W. PRITCHETT**

Mailing Address **PO BOX 311**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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

Name of Employer **PRITCHETT TRUCKING** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17268**

Amount of Each Receipt this Period  
**1150.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JON W. PRITCHETT**

Mailing Address **PO BOX 311**

City **LAKE BUTER** State **FL** Zip Code **32054**

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

Name of Employer **PRITCHETT TRUCKING** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17273**

Amount of Each Receipt this Period  
**1150.00**

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

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

**2550.00**

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

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

FOR LINE NUMBER: PAGE 39 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET PRITCHETT**

Mailing Address **PO BOX 121**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17267**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**TRICIA M. REILLY**

Mailing Address **1751 SW 188TH ST**

City **NEWBERRY** State **FL** Zip Code **32669**

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

Name of Employer **TIOGA REALTY** Occupation **BROKER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**06 / 04 / 2015**

**Transaction ID : SA11AI.16624**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. AVERY C. ROBERTS**

Mailing Address **POST OFFICE BOX 233**

City **LAKE BUTLER** State **FL** Zip Code **32054**

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

Name of Employer **SELF EMPLOYED** Occupation **SWIFT CREEK REALTY**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1160.00**

Date of Receipt  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17237**

Amount of Each Receipt this Period  
**160.00**  
**IN-KIND: EVENT FACILITY RENTAL**

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

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

**910.00**

**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 40 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. AVERY C. ROBERTS**

Mailing Address POST OFFICE BOX 233

City State Zip Code  
LAKE BUTLER FL 32054

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

Name of Employer Occupation  
SELF EMPLOYED SWIFT CREEK REALTY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1160.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17277**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**C. SCOTT ROBERTS**

Mailing Address POST OFFICE BOX 750

City State Zip Code  
KEYSTONE HEIGHTS FL 32656

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

Name of Employer Occupation  
ROBERTS INS. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.17366**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS A ROBINSON**

Mailing Address 1701 NW 80TH BLVD  
STE 101

City State Zip Code  
GAINESVILLE FL 32606

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

Name of Employer Occupation  
ROBINSHORE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.16589**

Amount of Each Receipt this Period  
500.00

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

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

2500.00



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

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

FOR LINE NUMBER: PAGE 41 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DOROTHY RUSHING**

Mailing Address **POST OFFICE BOX 1252**

City **ALACHUA** State **FL** Zip Code **32616**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : SA11Al.16535**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM R. SAMPLES JR.**

Mailing Address **3861 NORTHWEST 37TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32605**

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

Name of Employer **MID STATE, INC** Occupation **ELECTRICIAN CONTRACTOR**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11Al.16581**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM R. SAMPLES JR.**

Mailing Address **3861 NORTHWEST 37TH STREET**

City **GAINESVILLE** State **FL** Zip Code **32605**

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

Name of Employer **MID STATE, INC** Occupation **ELECTRICIAN CONTRACTOR**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11Al.16617**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 42 OF 89

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DEMPSEY R. SAPP JR.**

Mailing Address 18796 SW 132ND AVE.

City LAKE BUTLER State FL Zip Code 32054

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

Name of Employer FLORIDA PEST CONTROL Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17245**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD SCARBOROUGH**

Mailing Address 2811 NW 41ST ST.

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer SELF EMPLOYED Occupation INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

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

**Transaction ID : SA11AI.16574**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**DOMENICO SCORPIO**

Mailing Address 4400 NORTHWEST 122ND STREET

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer SCORPIO CONSTRUCTION Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

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

**Transaction ID : SA11AI.16615**

Amount of Each Receipt this Period  
 1000.00

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

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

2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAULETTE M SHADD**

Mailing Address 10317 SW 158TH AVE

City LAKE BUTLER State FL Zip Code 32054

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11Al.17291**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**FRED SHORE**

Mailing Address 13410 NORTHWEST 49TH LANE

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer SELF Occupation VETERINARIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16542**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EMILY SHORE**

Mailing Address 13410 NW 49TH LN

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer ORANGE THEORY FITNESS Occupation MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16554**

Amount of Each Receipt this Period  
 250.00

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

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

2400.00

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

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

FOR LINE NUMBER: PAGE 44 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL K SHORE**

Mailing Address 13410 NW 49TH LANE

City Gainesville State FL Zip Code 32606

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

Name of Employer SHORE BUILDERS Occupation CONTRACTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16555**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**LISA G SHORT**

Mailing Address 25604 N ST 121

City Alachua State FL Zip Code 32615

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : SA11AI.17357**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**LARRY N. SMITH**

Mailing Address 10925 SOUTHWEST 27TH AVENUE

City Gainesville State FL Zip Code 32608

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16584**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 45 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS W. SMITH**

Mailing Address **2797 RAVINES ROAD**

City **MIDDLEBURG** State **FL** Zip Code **32068**

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

Name of Employer **SELF EMPLOYED** Occupation **CONTRACTOR**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16616**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**LARRY STOPPELLI**

Mailing Address **2000 NORTHWEST 45TH AVENUE**

City **GAINESVILLE** State **FL** Zip Code **32605**

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

Name of Employer **SNG PAVEMENT MARKING** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : SA11Al.16646**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM STOROE**

Mailing Address **1206 NW 150TH DR.**

City **NEWBERRY** State **FL** Zip Code **32669**

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

Name of Employer **SELF EMPLOYED** Occupation **DENTIST**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16541**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

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

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

\_\_\_\_\_

\_\_\_\_\_

**2500.00**

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

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

FOR LINE NUMBER: PAGE 46 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JACKSON STREETER**

Mailing Address 13424 SOUTHWEST 4TH LANE

City NEWBERRY State FL Zip Code 32669

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

Name of Employer BANYAN BIOMARKERS Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11AI.14831**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**JACKSON STREETER**

Mailing Address 13424 SOUTHWEST 4TH LANE

City NEWBERRY State FL Zip Code 32669

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

Name of Employer BANYAN BIOMARKERS Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11AI.14832**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MARIA STREETER**

Mailing Address 13424 SW 4TH LANE

City NEWBERRY State FL Zip Code 32669

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11AI.17370**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 47 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARIA STREETER**

Mailing Address 13424 SW  
4TH LANE

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11AI.17372**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL STREICHER**

Mailing Address 3101 W US HIGHWAY 90 NO 201

City State Zip Code  
LAKE CITY FL 32005

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17292**

Amount of Each Receipt this Period  
1150.00

**C.** Full Name (Last, First, Middle Initial)  
**ROGER N. SWANGER**

Mailing Address 11207 NW 11TH AVE

City State Zip Code  
GAINESVILLE FL 32606

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

Name of Employer Occupation  
JAMES MORE CO. CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.16608**

Amount of Each Receipt this Period  
250.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 48 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA TATUM**

Mailing Address **PO DRAWER A**

City **LAWTEY** State **FL** Zip Code **32058**

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

Name of Employer **TATUM BRO. LUMBER** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17252**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**SYLVIA TATUM**

Mailing Address **22512 CR 200A**

City **LAWTEY** State **FL** Zip Code **32058**

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

Name of Employer **TATUM BROS LUMBER COMPANY** Occupation **SECRETARY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17247**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**SYLVIA TATUM**

Mailing Address **22512 CR 200A**

City **LAWTEY** State **FL** Zip Code **32058**

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

Name of Employer **TATUM BROS LUMBER COMPANY** Occupation **SECRETARY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11AI.17248**

Amount of Each Receipt this Period  
**150.00**

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

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

**500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SYLVIA TATUM**

Mailing Address 22512 CR 200A

City State Zip Code  
LAWTEY FL 32058

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

Name of Employer Occupation  
TATUM BROS LUMBER COMPANY SECRETARY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17257**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DIANE M. TAYLOR**

Mailing Address 767 SW 137TH WAY

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.16625**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH TEAL**

Mailing Address PO BOX D

City State Zip Code  
STARKE FL 32091

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

Name of Employer Occupation  
TEAL TILE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17251**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KENNETH TENNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015	
Mailing Address 3307 NE 2ND ST.		<b>Transaction ID : SA11AI.16580</b>	
City GAINESVILLE	State FL	Zip Code 32609	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CENTRAL FLORIDA DRYWALL & PLASTERIN	Occupation CONTRACTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. G. E. TURBYFILL JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2015	
Mailing Address 15122 NW 41ST AVE		<b>Transaction ID : SA11AI.16604</b>	
City JONESVILLE	State FL	Zip Code 32669	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer TOWN TIRE	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. ERIC R VAN VORST</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2015	
Mailing Address 9257 SW 31ST PLACE		<b>Transaction ID : SA11AI.17283</b>	
City GAINESVILLE	State FL	Zip Code 32608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer VAN VORST GROUP	Occupation DIRECTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 51 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GREG WAITCUS**

Mailing Address 15218 NW 258TH PLACE

City ALACHUA State FL Zip Code 32615

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

Name of Employer SANTE FE FORD Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.17250**

Amount of Each Receipt this Period  
 1150.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES M. WEBB JR.**

Mailing Address PO BOX 820

City WILLISTON State FL Zip Code 32696

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

Name of Employer FOOD RANCH STORE Occupation RETAIL GROCERY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16563**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN H WEBB**

Mailing Address PO BOX 820

City WILLISTON State FL Zip Code 32696

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

Name of Employer FOOD RANCH STORE Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.16564**

Amount of Each Receipt this Period  
 500.00

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

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

2150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRECK A WEINGART**

Mailing Address 8400 SW 24TH AVE.

City GAINESVILLE	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer CPPI	Occupation OWNER
--------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.16588**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE WELT**

Mailing Address 9328 SW 35TH LN.

City GAINESVILLE	State FL	Zip Code 32608
---------------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF FLORIDA	Occupation PROFESSOR
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

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

**Transaction ID : SA11AI.16553**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. ILIANA M WIECHMANN**

Mailing Address 10828 SW 27TH AVE

City GAINSEVILLE	State FL	Zip Code 32608
---------------------	-------------	-------------------

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

Name of Employer SUSAN BAIRD	Occupation PHYSICIAN
---------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.17284**

Amount of Each Receipt this Period  
250.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 53 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CRAIG WILBURN**

Mailing Address 13251 SW 5TH AVE

City State Zip Code  
NEWBERRY FL 32669

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

Name of Employer Occupation  
KELLER WILLIAMS REALTY TEAM REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.16517**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMIE M WILSON**

Mailing Address 5526 SW 96TH WAY

City State Zip Code  
GAINESVILLE FL 32608

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

Name of Employer Occupation  
SELF-EMPLOYED SHOWCASE RESTORATION

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.16590**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**ARLENE M WINSHELBAUM**

Mailing Address 11606 NW 2ND AVE

City State Zip Code  
GAINESVILLE FL 32606

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.16575**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 54 OF 89  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT ZELLER**

Mailing Address **POST OFFICE BOX 14077**

City **GAINESVILLE** State **FL** Zip Code **32604**

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

Name of Employer **SELF EMPLOYED** Occupation **RESTAURANT OWNER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.16583**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

129152.40

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

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

FOR LINE NUMBER: PAGE 55 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CALVERT COUNTY REPUBLICAN CENTRAL COMMITTEE**

Mailing Address **KAINE BUILDING PO BOX 1770**

City **PRINCE FREDERICK** State **MD** Zip Code **20678**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**06 / 23 / 2015**

**Transaction ID : SA11B.17282**

Amount of Each Receipt this Period  
**250.00**  
 PERMISSIBLE FUNDS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

**250.00**

**250.00**

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

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

FOR LINE NUMBER: PAGE 56 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**A.** Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11C.14837**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH 3RD STREET

City State Zip Code  
MOORHEAD MN 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11C.15271**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

Mailing Address P. O. DRAWER 938

City State Zip Code  
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11C.17312**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7000.00  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 57 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1910 SUNDERLAND PLACE, NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11C.17313**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOC.

Mailing Address 8400 WESTPARK DRIVE

City State Zip Code  
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.16595**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

**Transaction ID : SA11C.14838**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 58 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FLORIDA FARM BUREAU FEDERATION FEDPAC**

Mailing Address 5700 SW 34 STREET

City State Zip Code  
GAINESVILLE FL 32608

FEC ID number of contributing federal political committee. **C C00283572**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2015

**Transaction ID : SA11C.17365**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**FLORIDA SUGAR CANE LEAGUE PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW STE 401

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00012328**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

**Transaction ID : SA11C.16170**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS PAC (IACP PAC)**

Mailing Address 4638 RIVERSTONE BLVD SUITE 100

City State Zip Code  
MISSOURI CITY TX 77459

FEC ID number of contributing federal political committee. **C C00424143**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : SA11C.17240**

Amount of Each Receipt this Period  
5000.00

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 59 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC**

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015

**Transaction ID : SA11C.15266**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHIGAN SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 2600 EUCLID AVENUE

City BAY CITY State MI Zip Code 48706

FEC ID number of contributing federal political committee. **C** C00189126

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11C.15269**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address 7525 RED RIVER ROAD

City WAHPETON State ND Zip Code 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11C.15270**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 60 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address **P.O. BOX 2995**

City State Zip Code  
**CORDOVA TN 38088**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 29 2015**

**Transaction ID : SA11C.17361**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**PUBLIX SUPER MARKETS, INC. ASSOCIATES POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 407**

City State Zip Code  
**LAKELAND FL 33802**

FEC ID number of contributing federal political committee. **C C00400705**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 29 2015**

**Transaction ID : SA11C.17358**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**RAYONIER INC. GOOD GOVERNMENT COMMITTEE**

Mailing Address **225 WATER STREET  
STE 1400**

City State Zip Code  
**JACKSONVILLE FL 32202**

FEC ID number of contributing federal political committee. **C C00451757**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 10 2015**

**Transaction ID : SA11C.14839**

Amount of Each Receipt this Period  
**1000.00**

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

**3000.00**

**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 61 OF 89
	<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)  
**TED YOHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SOUTHEAST MILK, INC. POLITICAL ACTION COMMITTEE**

Mailing Address POST OFFICE BOX 3790

City State Zip Code  
BELLEVIEW FL 34421

FEC ID number of contributing federal political committee. **C** C00359984

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : SA11C.17362**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE PAC**

Mailing Address P O BOX 500

City State Zip Code  
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11C.16171**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE TEA PARTY LEADERSHIP FUND**

Mailing Address 203 S UNION ST.  
SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2427.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : SA11C.16201**

Amount of Each Receipt this Period  
0.10

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

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

1500.10

28000.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 103.69 <b>Transaction ID : SB17.15277</b>
City State Zip Code FT. LAUDERDALE FL 33336	Purpose of Disbursement TRAVEL EXPENSES-NO ITEMIZATION NECESSARY 001 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) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 181.03 <b>Transaction ID : SB17.16602</b>
City State Zip Code FT. LAUDERDALE FL 33336	Purpose of Disbursement SEE MEMO ENTRY 001 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) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 181.03 <b>Transaction ID : SB17.16603</b> <b>[MEMO ITEM]</b>
City State Zip Code WASHINGTON DC 20003	Purpose of Disbursement MEETING EXPENSE 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	284.72
<b>TOTAL</b> 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 63 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2015
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 38.93 <b>Transaction ID : SB17.17230</b>
City State Zip Code FT. LAUDERDALE FL 33336	Purpose of Disbursement TRAVEL EXPENSE-NO ITEMIZATION NECESSARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 699.50 <b>Transaction ID : SB17.14848</b>
City State Zip Code WILMINGTON DE 19886	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 219.42 <b>Transaction ID : SB17.14852</b> <b>[MEMO ITEM]</b>
City State Zip Code GAINESVILLE FL 32608	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	738.43
<b>TOTAL</b> 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 64 OF 89	
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PUBLIX SUPERMARKETS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address 5801 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 98.00
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.14853  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 4453.42
City WILMINGTON State DE Zip Code 19886	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.16180
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. KANGAROO EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 305 GREGSON DR		Amount of Each Disbursement this Period 127.75
City CARY State NC Zip Code 27511	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.16181  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4453.42
<b>TOTAL</b> 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 65 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 2330 TURNBERRY LANE		Amount of Each Disbursement this Period 895.40
City CHARLOTTE State NC Zip Code 28210	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.16183  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 156 UNIVERSITY AVE		Amount of Each Disbursement this Period 362.67
City PALO ALTO State CA Zip Code 94301	Purpose of Disbursement ADVERTISING 001 Category/Type	
Candidate Name		Transaction ID : SB17.16186  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 14.84
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.16188  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 66 OF 89	
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EMBERS OF FLORIDA, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 3545 SOUTHWEST 34TH STREET		Amount of Each Disbursement this Period 2707.80
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type 001	Transaction ID : SB17.16190  [MEMO ITEM]
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) <b>B. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 1068.11
City WILMINGTON State DE Zip Code 19886	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.17216
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) <b>C. PUBLIX SUPERMARKETS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 5801 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 25.70
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type 001	Transaction ID : SB17.17217  [MEMO ITEM]
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1068.11
<b>TOTAL</b> 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 67 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 6861 WEST NEWBERRY ROAD		Amount of Each Disbursement this Period 30.73
City GAINESVILLE State FL Zip Code 32605	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.17219 <b>[MEMO ITEM]</b>
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) <b>B. KANGAROO EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 305 GREGSON DR		Amount of Each Disbursement this Period 154.07
City CARY State NC Zip Code 27511	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.17220 <b>[MEMO ITEM]</b>
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) <b>C. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 156 UNIVERSITY AVE		Amount of Each Disbursement this Period 415.27
City PALO ALTO State CA Zip Code 94301	Purpose of Disbursement ADVERTISING 001 Category/Type	
Candidate Name		Transaction ID : SB17.17225 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 68 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHASE CARD SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015	
Mailing Address POST OFFICE BOX 15153			Amount of Each Disbursement this Period 85.00	
City WILMINGTON	State DE	Zip Code 19886	Transaction ID : SB17.17228	
Purpose of Disbursement MEMBERSHIP FEES		Category/ Type 001	[MEMO ITEM]	
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) <b>B. GAINESVILLE CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015	
Mailing Address 300 E. UNIVERSITY AVE SUITE 100			Amount of Each Disbursement this Period 300.00	
City GAINESVILLE	State FL	Zip Code 32601	Transaction ID : SB17.14869	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001		
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) <b>C. GRIT STRATEGIES, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015	
Mailing Address 4642 SW 45TH LN			Amount of Each Disbursement this Period 1037.80	
City GAINESVILLE	State GA	Zip Code 32608	Transaction ID : SB17.14843	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1337.80
<b>TOTAL</b> 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 69 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GRIT STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 4642 SW 45TH LN		Amount of Each Disbursement this Period 1561.50
City GAINESVILLE State GA Zip Code 32608	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<b>Transaction ID : SB17.15282</b>
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) <b>B. HILL'S BBQ &amp; CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 2626 NE 39TH AVE		Amount of Each Disbursement this Period 2875.63
City GAINESVILLE State FL Zip Code 32609	Purpose of Disbursement EVENT CATERING Category/Type 001	
Candidate Name		<b>Transaction ID : SB17.17232</b>
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) <b>C. KB STRATEGIC GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address PO BOX 101682		Amount of Each Disbursement this Period 1990.00
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<b>Transaction ID : SB17.15280</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6427.13
<b>TOTAL</b> 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 70 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KB STRATEGIC GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015		
Mailing Address PO BOX 101682			Amount of Each Disbursement this Period 1830.00		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.15281		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001			
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) <b>B. KB STRATEGIC GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015		
Mailing Address PO BOX 101682			Amount of Each Disbursement this Period 1830.00		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.16641		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001			
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) <b>C. MR. GILBERT LEVY JR.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015		
Mailing Address 7719 NW 18TH LANE			Amount of Each Disbursement this Period 2700.00		
City GAINESVILLE	State FL	Zip Code 32605	Transaction ID : SB17.17210		
Purpose of Disbursement IN-KIND: EVENT CATERING		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6360.00
<b>TOTAL</b> 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 71 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. BECKY LEVY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 7719 NW 18TH LN		Amount of Each Disbursement this Period 2642.40 <b>Transaction ID : SB17.17212</b>
City GAINESVILLE	State FL	
Zip Code 32605	Purpose of Disbursement IN-KIND: EVENT CATERING	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) <b>B. PARKS FORD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 2201 N MAIN ST		Amount of Each Disbursement this Period 532.67 <b>Transaction ID : SB17.15275</b>
City GAINESVILLE	State FL	
Zip Code 32609	Purpose of Disbursement CAMPAIGN VEHICLE LEASE	Category/ Type 001
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) <b>C. PARKS FORD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 2201 N MAIN ST		Amount of Each Disbursement this Period 532.67 <b>Transaction ID : SB17.16200</b>
City GAINESVILLE	State FL	
Zip Code 32609	Purpose of Disbursement CAMPAIGN VEHICLE LEASE	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3707.74
<b>TOTAL</b> 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 72 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKS FORD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 2201 N MAIN ST		Amount of Each Disbursement this Period 532.67 <b>Transaction ID : SB17.17332</b>
City GAINESVILLE	State FL	
Purpose of Disbursement CAMPAIGN VEHICLE LEASE		Category/ Type 001
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) <b>B. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 18.49 <b>Transaction ID : SB17.14860</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
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) <b>C. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 2.58 <b>Transaction ID : SB17.14863</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	553.74
<b>TOTAL</b> 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 73 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 1.08 <b>Transaction ID : SB17.14864</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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) <b>B. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : SB17.14871</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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) <b>C. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.15287</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.08
<b>TOTAL</b> 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 74 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PIRYX, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 2.58	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.16175	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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) <b>B. PIRYX, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 19.35	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.16176	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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) <b>C. PIRYX, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 2.58	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.17214	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.51
<b>TOTAL</b> 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 75 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PIRYX, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 43.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.17339</b>
Candidate Name	001 Category/ Type	
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) <b>B. PIRYX, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 10.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.17340</b>
Candidate Name	001 Category/ Type	
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) <b>C. PIRYX, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 2.59
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.17341</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.34
<b>TOTAL</b> 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 76 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PIRYX, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 49.69 <b>Transaction ID : SB17.17342</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES 001 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) <b>B. PROFESSIONAL DATA SERVICES, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2015
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121		Amount of Each Disbursement this Period 2000.48 <b>Transaction ID : SB17.14840</b>
City ATHENS State GA Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING 001 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) <b>C. PROFESSIONAL DATA SERVICES, INC.</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2015
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121		Amount of Each Disbursement this Period 2000.96 <b>Transaction ID : SB17.15276</b>
City ATHENS State GA Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4051.13
<b>TOTAL</b> 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 77 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PROFESSIONAL DATA SERVICES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015	
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121			Amount of Each Disbursement this Period 2000.96	
City ATHENS	State GA	Zip Code 30606	Transaction ID : SB17.16635	
Purpose of Disbursement COMPLIANCE CONSULTING		001 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) <b>B. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015	
Mailing Address 5303 SOUTHWEST 91ST DRIVE			Amount of Each Disbursement this Period 50.00	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.15288	
Purpose of Disbursement BANK FEES		001 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) <b>C. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015	
Mailing Address 5303 SOUTHWEST 91ST DRIVE			Amount of Each Disbursement this Period 12.50	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.16600	
Purpose of Disbursement BANK FEES		001 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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2063.46
<b>TOTAL</b> 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 78 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.16601</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 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) <b>B. SUNTRUST BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.17333</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 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) <b>C. SUNTRUST BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 12.50 <b>Transaction ID : SB17.17235</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015	
Mailing Address 5303 SOUTHWEST 91ST DRIVE			Amount of Each Disbursement this Period 12.50	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.17335	
Purpose of Disbursement BANK FEES		Category/ Type 001		
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) <b>B. SUNTRUST BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 5303 SOUTHWEST 91ST DRIVE			Amount of Each Disbursement this Period 32.00	
City GAINESVILLE	State FL	Zip Code 32608	Transaction ID : SB17.17334	
Purpose of Disbursement BANK FEES		Category/ Type 001		
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) <b>C. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 38.63	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.14845	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	83.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SUREPAYROLL, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 455.00 <b>Transaction ID : SB17.14846</b>
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL (SEE MEMO) Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. LAURA JACKSON</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 455.00 <b>Transaction ID : SB17.14847</b> <b>[MEMO ITEM]</b>
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2015
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 297.50 <b>Transaction ID : SB17.14872</b>
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL (SEE MEMO) Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	752.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 297.50	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.14873	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 25.27	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.14874	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
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) <b>C. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 350.00	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.16177	
Purpose of Disbursement PAYROLL(SEE MEMO)		Category/ Type 001		
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	375.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 350.00	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.16178	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 29.71	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.16179	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
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) <b>C. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 210.00	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.16197	
Purpose of Disbursement PAYROLL(SEE MEMO)		Category/ Type 001		
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	239.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015		
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 210.00		
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.16198		
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]		
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) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015		
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 17.83		
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.16199		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001			
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) <b>C. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015		
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 752.50		
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.16638		
Purpose of Disbursement PAYROLL(SEE MEMO)		Category/ Type 001			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	770.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015	
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 752.50	
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.16639	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
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) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 63.88	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.16640	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
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) <b>C. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 507.50	
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.17336	
Purpose of Disbursement PAYROLL(SEE MEMO)		Category/ Type 001		
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	571.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAURA JACKSON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015		
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 507.50		
City TRENTON	State FL	Zip Code 32693	Transaction ID : SB17.17337		
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015		
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 43.09		
City GLENVIEW	State IL	Zip Code 60025	Transaction ID : SB17.17338		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. TELEPHONE TOWN HALL MEETING, INC,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015		
Mailing Address 958 CONEFLOWER DR			Amount of Each Disbursement this Period 3534.50		
City GOLDEN	State CO	Zip Code 80401	Transaction ID : SB17.17236		
Purpose of Disbursement TELEMARKETING		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3577.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE PRINT SHOP OF CHIEFLAND</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address POST OFFICE BOX 606			Amount of Each Disbursement this Period 233.80
City CHIEFLAND	State FL	Zip Code 32644	
Purpose of Disbursement PRINTING	Candidate Name		<b>Transaction ID : SB17.16195</b>
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS CARD SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO BOX 13337			Amount of Each Disbursement this Period 416.70
City PHILADELPHIA	State PA	Zip Code 19101	
Purpose of Disbursement SEE MEMO ENTRIES	Candidate Name		<b>Transaction ID : SB17.16633</b>
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 2330 TURNBERRY LANE			Amount of Each Disbursement this Period 416.70
City CHARLOTTE	State NC	Zip Code 28210	
Purpose of Disbursement AIRFARE	Candidate Name		<b>Transaction ID : SB17.16634</b>
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:	Category/Type 001		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THEODORE SCOTT YOHO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 161.16 <b>Transaction ID : SB17.15283</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name <b>THEODORE YOHO</b>	Office Sought: <input checked="" 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: FL District: 03		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 76.07 <b>Transaction ID : SB17.15284</b> <b>[MEMO ITEM]</b>
City DALLAS State TX Zip Code 75202	Purpose of Disbursement CAMPAIGN TELEPHONE/INTERNET ACCESS 001 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) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 45.09 <b>Transaction ID : SB17.15285</b> <b>[MEMO ITEM]</b>
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement CAMPAIGN CELL PHONE 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	161.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 89			
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THEODORE SCOTT YOHO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 8209 SOUTHWEST 95TH LANE		Amount of Each Disbursement this Period 77.69 <b>Transaction ID : SB17.16630</b>
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name <b>THEODORE YOHO</b>	Office Sought: <input checked="" 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: FL District: 03		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 45.09 <b>Transaction ID : SB17.16631</b> <b>[MEMO ITEM]</b>
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement CAMPAIGN CELL PHONE 001 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) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 32.60 <b>Transaction ID : SB17.16632</b> <b>[MEMO ITEM]</b>
City DALLAS State TX Zip Code 75202	Purpose of Disbursement CAMPAIGN TELEPHONE/INTERNET ACCESS 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.69
<b>TOTAL</b> This Period (last page this line number only).....	38571.37



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 89	
	<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)  
**TED YOHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASSOC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 7550 W UNIVERSITY AVE 3A		Amount of Each Disbursement this Period -250.00 <b>Transaction ID : SB21.14865</b>
City GAINESVILLE State FL Zip Code 32607	Purpose of Disbursement VOID OF PREVIOUS-DONATION NOT MADE Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASSOC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 7550 W UNIVERSITY AVE 3A		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB21.16196</b>
City GAINESVILLE State FL Zip Code 32607	Purpose of Disbursement DONATION Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For:	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-150.00
<b>TOTAL</b> This Period (last page this line number only).....	-150.00