

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

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2016

through

MM / DD / YYYY 06 / 30 / 2016

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

MM / DD / YYYY 07 / 15 / 2016

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

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))....	103780.00	655553.17
(b) Total Contribution Refunds (from Line 20(d))	0.00	6900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	103780.00	648653.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41706.64	370315.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2037.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41706.64	368278.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	425053.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TED YOHO FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	79228.00	476691.09
(ii) Unitemized.....	1552.00	51761.98
(iii) TOTAL of contributions from individuals ▶	80780.00	528453.07
(b) Political Party Committees.....	0.00	250.00
(c) Other Political Committees (such as PACs).....	23000.00	126850.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	103780.00	655553.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2037.11
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	103780.00	657590.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41706.64	370315.99
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	6900.00
(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	6900.00
21. OTHER DISBURSEMENTS	900.00	18437.68
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42606.64	395653.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	363879.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103780.00
25. SUBTOTAL (add Line 23 and Line 24).....	467659.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42606.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	425053.03

**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 74
	<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)
AARON AGAMI

Mailing Address 471 DANUBE RD

City ATLANTA State GA Zip Code 30342

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

Name of Employer UNIVERSAL DIAMOND CORP Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1667.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11A1.18668

Amount of Each Receipt this Period
 1667.00

Memo Item

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11A1.18713

Amount of Each Receipt this Period
 1000.00

Memo Item

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
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11A1.18707

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

2917.00

**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 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ISAAC ANTEBI

Mailing Address **224 PINELAND RD**

City **ATLANTA** State **GA** Zip Code **30342**

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

Name of Employer **ANTEBI PROPERTIES LP** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1667.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11A1.18667

Amount of Each Receipt this Period
1667.00

Memo Item

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

Mailing Address **9721 SOUTHWEST 33RD LANE**

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

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

Name of Employer **BOSSHARDT REALTY** Occupation **REALTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11A1.18703

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BEN BATES JR

Mailing Address **3400 CRILL AVE**

City **PALATKA** State **FL** Zip Code **32177**

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 / 30 / 2016

Transaction ID : SA11A1.18842

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2017.00

**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 74
	<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. KATHLEEN BENTON

Mailing Address 3641 NW 23RD PL.

City Gainesville State FL Zip Code 32605

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

Name of Employer BENTON PEDIATRICS Occupation RN

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
 04 / 13 / 2016

Transaction ID : SA11AI.18631

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 6074 WEST STATE ROAD 238

City Lake Butler State FL Zip Code 32054

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

Name of Employer LAND & HOMES Occupation REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.18856

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 261SOUTHWEST 129TH TERRACE

City Newberry State FL Zip Code 32669

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 **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18711

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

1350.00

**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 74
	<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)
TIM G BROOM

Mailing Address 14818 NW 45TH PL.

City State Zip Code
NEWBERRY FL 32689

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.18710

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
BRITTANY H BROWN

Mailing Address 9330 NW 27TH PLACE

City State Zip Code
GAINSVILLE FL 32606

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.18701

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 4639 NORTHWEST 53RD AVENUE

City State Zip Code
GAINESVILLE FL 32653

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.18729

Amount of Each Receipt this Period

Memo Item

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

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 9 OF 74
	<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)
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 **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11AI.18693

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address **11506 NORTHWEST 129TH TERRACE**

City **ALACHUA** State **FL** Zip Code **32615**

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

Name of Employer **NONE** Occupation **VOLUNTEER**

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 / 02 / 2016

Transaction ID : SA11AI.18691

Amount of Each Receipt this Period
250.00

Memo Item

C. 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 **7900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11AI.18694

Amount of Each Receipt this Period
2900.00

Memo Item
REATTRIBUTION REQUESTED

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

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

3650.00

**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 74
	<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)
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 **7900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18695

Amount of Each Receipt this Period
 2500.00

Memo Item

B. 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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18719

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. LARRY H 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 CHESHIRE FAMILY COMPANY Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18725

Amount of Each Receipt this Period
 1000.00

Memo Item

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 11 OF 74
(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. CHARLES W. CLEMONS

Mailing Address 12807 SW 1ST PL.

City State Zip Code
NEWBERRY FL 32669

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11A1.18702

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CONSULTANTS AND ANALYSTS, LLC

Mailing Address 7719 NW 18TH LANE

City State Zip Code
GAINESVILLE FL 32605

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

Name of Employer Occupation

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 / 02 / 2016

Transaction ID : SA11A1.18726

Amount of Each Receipt this Period
2700.00

Memo Item
REFUND PENDING

C. Full Name (Last, First, Middle Initial)
CONSULTANTS AND ANALYSTS, LLC

Mailing Address 7719 NW 18TH LANE

City State Zip Code
GAINESVILLE FL 32605

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

Name of Employer Occupation

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 / 02 / 2016

Transaction ID : SA11A1.18727

Amount of Each Receipt this Period
2700.00

Memo Item

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: (check only one)	PAGE 12 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
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.

Name of Employer: CONSULTANTS AND ANALYSTS, LLC Occupation: PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: MM / DD / YYYY
06 / 02 / 2016

Transaction ID : SA11AI.18885

Amount of Each Receipt this Period:

Memo Item

PARTNERSHIP CONSULTANTS AND ANALYSTS, LLC

B. Full Name (Last, First, Middle Initial)
MR. MARK R. COOK

Mailing Address 2631 BROADNAX RD.

City Broadnax State VA Zip Code 23920

FEC ID number of contributing federal political committee.

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: MM / DD / YYYY
04 / 25 / 2016

Transaction ID : SA11AI.18650

Amount of Each Receipt this Period:

Memo Item

C. Full Name (Last, First, Middle Initial)
TODD S DAILEY

Mailing Address 1420 SE 10TH AVE

City Ocala State FL Zip Code 34471

FEC ID number of contributing federal political committee.

Name of Employer: FARM CREDIT Occupation: APPRAISER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: MM / DD / YYYY
06 / 29 / 2016

Transaction ID : SA11AI.18835

Amount of Each Receipt this Period:

Memo Item

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

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 13 OF 74
	<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)
RICHARD J DAVIS

Mailing Address 164 LAKE FOREST LN

City ATLANTA State GA Zip Code 30342

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
1667.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11AI.18684

Amount of Each Receipt this Period
1667.00

Memo Item

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

Mailing Address 452 SW CR 240

City LAKE CITY State FL Zip Code 32025

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

Name of Employer DICKS TRUCKING Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.18861

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 804 SOUTHEAST FEAGLE AVENUE

City LAKE CITY State FL Zip Code 32025

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
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.18687

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3167.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT P. DILBONE

Mailing Address 21212 NW 201TH AVE.

City State Zip Code
HIGH SPRINGS FL 32643

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

Name of Employer Occupation
SELF EMPLOYED VETERINARIAN

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 / 09 / 2016

Transaction ID : SA11AI.18658

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8015 SW 42ND TEARRACE

City State Zip Code
GAINESVILLE FL 32608

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

Name of Employer Occupation
CRIME PREVENTION SECURITY SYSTEMS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11AI.18705

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. RICHARD L FEAGLE

Mailing Address 13620 SW 89TH AVE.

City State Zip Code
ARCHER FL 32618

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

Name of Employer Occupation
ARCHER AUTOMOTIVE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.18680

Amount of Each Receipt this Period
2700.00

Memo Item
REATTRIBUTION REQUESTED

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

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

4200.00

**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 74
	<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)
PAUL FLORENCE

Mailing Address 5745 SOUTHWEST 75TH STREET
#305

City Gainesville State FL Zip Code 32608

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

Name of Employer Occupation
FLORENCE RECYCLING AND DISPOSAL 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
04 / 19 / 2016

Transaction ID : SA11AI.18646

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 920 CREST VALLEY DR

City Atlanta State GA Zip Code 30327

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

Name of Employer Occupation
BUILDING BLOCKS REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1667.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11AI.18661

Amount of Each Receipt this Period
1667.00

Memo Item

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

Mailing Address 1439 LACHONA CT NE

City Atlanta State GA Zip Code 30329

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

Name of Employer Occupation
TAYLOR ENGLISH DUMA LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1667.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.18662

Amount of Each Receipt this Period
1667.00

Memo Item

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

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

3584.00

**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 74
	<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. RODERICK F. GONZALEZ

Mailing Address 24514 NW 78TH AVE.

City ALACHUA State FL Zip Code 32616

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

Name of Employer HEALTHCARE RISK MANAGEMENT Occupation BUSINESS ADMINISTRATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18692

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3930 NW 63RD WAY

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18696

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO BOX 14077

City GAINESVILLE State FL Zip Code 32604

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

Name of Employer LEVY COUNTY SCHOOL BOARD Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18708

Amount of Each Receipt this Period
875.00

Memo Item

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

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

2875.00

**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 74
(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)
CHERYLLE A HAYES

Mailing Address 4437 SW 91ST DR

City Gainesville State FL Zip Code 32608

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 / 02 / 2016

Transaction ID : SA11A1.18715

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 13870 SOUTHWST 175TH AVENUE

City BROOKER State FL Zip Code 32622

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 **2150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A1.18859

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
J.P. BROWNING CONSULTING LLC

Mailing Address 450 HWY 17 S

City SAN MATEO State FL Zip Code 32187

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SA11A1.18645

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN BROWNING

Mailing Address 480 HWY 17 S

City SAN MATEO State FL Zip Code 32187

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

Name of Employer J.P. BROWNING CONSULTING LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11AI.18882

Amount of Each Receipt this Period
2000.00

Memo Item

PARTNERSHIP J.P. BROWNING CONSULTING LLC

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

Mailing Address 5203 NORTHWEST 49TH LANE

City GAINESVILLE State FL Zip Code 32653

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

Name of Employer SONNY'S BBQ 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 / 02 / 2016

Transaction ID : SA11AI.18724

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 335 GLEN LAKE DR

City ATLANTA State GA Zip Code 30327

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

Name of Employer PULL A PART Occupation MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1667.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11AI.18666

Amount of Each Receipt this Period
1667.00

Memo Item

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

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

2667.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 74
	<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. CAROLYN S. LAND

Mailing Address 722 SE HERITAGE CT.

City BRANFORD	State FL	Zip Code 32008
------------------	-------------	-------------------

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
295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.18635

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MRS. CAROLYN S. LAND

Mailing Address 722 SE HERITAGE CT.

City BRANFORD	State FL	Zip Code 32008
------------------	-------------	-------------------

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
395.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.18834

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address PO BOX 357845

City GAINESVILLE	State FL	Zip Code 32635
---------------------	-------------	-------------------

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

Name of Employer FLORIDA WOODLAND GROUP	Occupation PRESIDENT
--	-------------------------

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 / 02 / 2016

Transaction ID : SA11AI.18700

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 74
	<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)
CARIDAD LEE

Mailing Address **PO BOX 357845**

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

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

Name of Employer **FLORIDA WOODLAND** Occupation **OWNER/DEVELOPER**

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 / 02 / 2016

Transaction ID : SA11AI.18699

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LEWIS S LEE

Mailing Address **3703 ORTEGA BLVD**

City **JACKSONVILLE** State **FL** Zip Code **32210**

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
06 / 30 / 2016

Transaction ID : SA11AI.18863

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER T LEINES

Mailing Address **PO BOX 353**

City **MEDINA** State **MN** Zip Code **55357**

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

Name of Employer **MINNESOTA LIMITED** Occupation **EXECUTIVE**

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 / 11 / 2016

Transaction ID : SA11AI.18653

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4200.00

**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 21 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WENDY L LEINES

Mailing Address **PO BOX 353**

City **MEDINA** State **MN** Zip Code **55357**

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 **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : SA11Al.18654

Amount of Each Receipt this Period
2700.00

Memo Item

B. 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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11Al.18698

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **487 TURKEY CREEK**

City **ALACHUA** State **FL** Zip Code **32615**

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

Name of Employer **LOZANO DENTAL CARE** Occupation **OWNER/DENTIST**

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 / 14 / 2016

Transaction ID : SA11Al.18641

Amount of Each Receipt this Period
250.00

Memo Item

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

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

3950.00

**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 74
	<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. ALEXIS L MACAULAY

Mailing Address 3470 SAINT AUGUSTINE RD

City JACKSONVILLE State FL Zip Code 32207

FEC ID number of contributing federal political committee.

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 / 02 / 2016

Transaction ID : SA11A1.18718

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 2505 LAKE SHORE DR

City ORLANDO State FL Zip Code 32803

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED 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
 04 / 01 / 2016

Transaction ID : SA11A1.18744

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 602 NW 75TH STREET SUITE C

City GAINESVILLE State FL Zip Code 32607

FEC ID number of contributing federal political committee.

Name of Employer BIG DADDY ENTERPRISES Occupation MARKETING

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 / 02 / 2016

Transaction ID : SA11A1.18655

Amount of Each Receipt this Period

Memo Item

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

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 23 OF 74
	<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 MCKNIGHT

Mailing Address 602 NW 75TH STREET
SUITE C

City Gainesville State FL Zip Code 32607

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BIG DADDY ENTERPRISES MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18682

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 602 NW 75TH STREET
SUITE C

City Gainesville State FL Zip Code 32607

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BIG DADDY ENTERPRISES MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18836

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 4715 CAMBRIDGE APPROACH CIR

City Roswell State GA Zip Code 30075

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GEORGIA PACIFIC LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18664

Amount of Each Receipt this Period

Memo Item

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

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 24 OF 74
	<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 DOUGLAS R MURPHY JR

Mailing Address 1500 SE 17TH ST, STE 200

City Ocala State FL Zip Code 34471

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
 05 / 17 / 2016

Transaction ID : SA11AI.18671

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAM J NETTLES

Mailing Address 190 SW CR 240

City LAKE CITY State FL Zip Code 32025

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 / 30 / 2016

Transaction ID : SA11AI.18857

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MRS. LAURIE K. NEWSOM

Mailing Address 2521 NW 41ST ST.

City GAINESVILLE State FL Zip Code 32606

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

Name of Employer EYE SURGICENTER Occupation ADMINISTRATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18728

Amount of Each Receipt this Period
1000.00

Memo Item

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 25 OF 74
	<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)
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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11Al.18840

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 16707 NW COUNTRY ROAD

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
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11Al.18849

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 12530 SOUTHWEST 14TH AVENUE

City NEWBERRY State FL Zip Code 32669

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

Name of Employer SELF EMPLOYED Occupation ORTHODONTIST

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 / 14 / 2016

Transaction ID : SA11Al.18636

Amount of Each Receipt this Period
250.00

Memo Item

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 26 OF 74
	<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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11A1.18704

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WARREN K PERRY

Mailing Address 2505 NW 71ST PL.

City Gainesville State FL Zip Code 32653

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
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11A1.18717

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 1522 SOUTHWEST 112TH STREET

City Gainesville State FL Zip Code 32607

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

Name of Employer SELF EMPLOYED Occupation REGISTERED NURSE

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 / 02 / 2016

Transaction ID : SA11A1.18723

Amount of Each Receipt this Period
 1000.00

Memo Item

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 27 OF 74
	<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. 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
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11A1.18855

Amount of Each Receipt this Period
 1000.00

Memo Item

B. 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
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11A1.18860

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 6435 NOBLE DR

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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
 05 / 20 / 2016

Transaction ID : SA11A1.18675

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 74
	<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 **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 **2160.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.18858

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
QUINTUS IRVING ROBERTS

Mailing Address **625 STATE ROAD 100**

City **PALATKA** State **FL** Zip Code **32177**

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 / 30 / 2016

Transaction ID : SA11AI.18847

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **99 PEACHTREE BATTLE AVE**

City **ATLANTA** State **GA** Zip Code **30305**

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

Name of Employer **ATLANTA PROPERTY GROUP** Occupation **EXCECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1667.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.18663

Amount of Each Receipt this Period
1667.00

Memo Item

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

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

3667.00

**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 74			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	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)
TODD ROUSSEAU

Mailing Address 10707 NW 18TH CT

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18706

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. WINSTON RUSHING

Mailing Address PO 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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18731

Amount of Each Receipt this Period
500.00

Memo Item

C. 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
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18730

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 74
	<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)
RAYMOND RUSSELL

Mailing Address 174 MOONLITE DR.

City: WELAKA State: FL Zip Code: 32193

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: 300.00

Date of Receipt: 06 / 30 / 2016

Transaction ID : SA11AI.18844

Amount of Each Receipt this Period: 200.00

Memo Item

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

Mailing Address 479 NE 446TH ST

City: OLD TOWN State: FL Zip Code: 32680

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

Name of Employer: SANCHEZ FARMS, LLC Occupation: PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2561.00

Date of Receipt: 04 / 13 / 2016

Transaction ID : SA11AI.18633

Amount of Each Receipt this Period: 61.00

Memo Item

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: 2000.00

Date of Receipt: 06 / 02 / 2016

Transaction ID : SA11AI.18712

Amount of Each Receipt this Period: 1000.00

Memo Item

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

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

1261.00

**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 74
	<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)
LEONARD E SCOTT

Mailing Address **757 NW 134TH WAY**

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 03 / 2016

Transaction ID : SA11AI.18745

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2016

Transaction ID : SA11AI.18831

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **10925 SW 27TH AVE**

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

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

Name of Employer **HAILE PLANTATION** Occupation **TENNIS PRO SHOP**

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 / 19 / 2016

Transaction ID : SA11AI.18832

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1600.00

**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 74
	<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)
SUSIE SMITH

Mailing Address 110 CAT BAY LN

City SAN MATEO State FL Zip Code 32187

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
595.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.18883

Amount of Each Receipt this Period
595.00

Memo Item
IN-KIND:EVENT ROOM RENTAL/SUPPLIES

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

Mailing Address PO BOX 357606

City GAINSEVILLE State FL Zip Code 32635

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

Name of Employer JOHN SPENCE LLC Occupation COO/ PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1080.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2016

Transaction ID : SA11AI.18685

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. MARK STARR

Mailing Address 8436 NW 4TH PL.

City GAINESVILLE State FL Zip Code 32607

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

Name of Employer FLORIDA CREDIT UNION Occupation CEO

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 / 02 / 2016

Transaction ID : SA11AI.18720

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2595.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LORNE TRITT

Mailing Address 265 FIELDSBORN CT

City ATLANTA State GA Zip Code 30328

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

Name of Employer ASP GLOBAL Occupation MEDICAL SUPPLY DISTRIBUTION

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 / 23 / 2016

Transaction ID : SA11AI.18678

Amount of Each Receipt this Period
 1000.00

Memo Item

B. 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.18697

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DANIEL T WHITE

Mailing Address PO BOX 357247

City GAINESVILLE State FL Zip Code 32653

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 / 02 / 2016

Transaction ID : SA11AI.18722

Amount of Each Receipt this Period
 200.00

Memo Item

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 74
	<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. W J WHITEHURST

Mailing Address 5250 NORTHEAST 220TH AVENUE

City	State	Zip Code
WILLISTON	FL	32696

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

Name of Employer	Occupation
WHITEHURST CONSTRUCTION	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 / 13 / 2016

Transaction ID : SA11AI.18689

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
J. W. WHITEHURST

Mailing Address 19350 NORTHEAST 75TH STREET

City	State	Zip Code
WILLISTON	FL	32696

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

Name of Employer	Occupation
WHITEHURST CONSTRUCTION	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 / 13 / 2016

Transaction ID : SA11AI.18688

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. TIM YOHO

Mailing Address W8304 BALD EAGLE DR.

City	State	Zip Code
TREGO	WI	54888

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
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11AI.18640

Amount of Each Receipt this Period
 200.00

Memo Item

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 74
	<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. TIM YOHO

Mailing Address **W8304 BALD EAGLE DR.**

City **TREGO** State **WI** Zip Code **54888**

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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : SA11A1.18670

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. TIM YOHO

Mailing Address **W8304 BALD EAGLE DR.**

City **TREGO** State **WI** Zip Code **54888**

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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A1.18838

Amount of Each Receipt this Period
500.00

Memo Item

C. 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 **1875.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11A1.18709

Amount of Each Receipt this Period
875.00

Memo Item

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

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

1675.00

79228.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 74
	<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

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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00
---	-----------------------------------

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11C.18848

Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1150 CONNECTICUT AVENUE, NW
SUITE 1200

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C C00024281**

Name of Employer	Occupation

Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00
---	-----------------------------------

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2016

Transaction ID : SA11C.18676

Amount of Each Receipt this Period
 1000.00
 Memo Item

C. 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00
---	-----------------------------------

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : SA11C.18651

Amount of Each Receipt this Period
 1000.00
 Memo Item

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 37 OF 74
	<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)
ASSOCIATED BUILDERS AND CONTRACTORS INC PAC

Mailing Address 4250 N FAIRFAX DR 9TH FLOOR

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C30001333

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.18853

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CEMEX INC. EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 929 GESSNER RD., SUITE 1900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

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 / 30 / 2016

Transaction ID : SA11C.18851

Amount of Each Receipt this Period
 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City WASHINGTON State DC Zip Code 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 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.18852

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 74
	<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)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 PENNSYLVANIA AVE NW STE 401

City WASHINGTON State DC Zip Code 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.18735

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GROCERY MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE ('GMA PAC')

Mailing Address 1350 EYE STREET SUITE 300

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00250068**

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 / 30 / 2016

Transaction ID : SA11C.18862

Amount of Each Receipt this Period
 1000.00

Memo Item

C. 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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11C.18647

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 39 OF 74
(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)
NATIONAL ASSOC. OF FARM SERVICE AGENCY CO. OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

A. Mailing Address 313 MASSACHUSETTS AVENUE NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00413567

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 / 17 / 2016

Transaction ID : SA11C.18673

Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOC. PAC (NCBA-PAC)

Mailing Address 9110 EAST NICHOLS AVENUE

City State Zip Code
CENTENNIAL CO 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA11C.18674

Amount of Each Receipt this Period
 5000.00
 Memo Item

C. 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 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA11C.18672

Amount of Each Receipt this Period
 1000.00
 Memo Item

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: (check only one)	PAGE 40 OF 74
	<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)
SUNTRUST BANK GOOD GOVERNMENT GROUP FLORIDA

Mailing Address 215 SOUTH MONROE STREET SUITE 125

City	State	Zip Code
TALLAHASSEE	FL	32301

FEC ID number of contributing federal political committee. **C C00111567**

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : SA11C.18659

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C C00002881**

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 / 02 / 2016

Transaction ID : SA11C.18733

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
USA RICE FEDERATION PAC

Mailing Address 2101 WILSON BLVD, STE 610

City	State	Zip Code
ARLINGTON	VA	22201

FEC ID number of contributing federal political committee. **C C00308478**

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 / 30 / 2016

Transaction ID : SA11C.18850

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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: (check only one)		PAGE 41 OF 74	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	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)
WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 9777**
CH-3D21

City **FEDERAL WAY** State **WA** Zip Code **98063**

FEC ID number of contributing federal political committee. **C C00007948**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
06 / 02 / 2016

Transaction ID : SA11C.18732

Amount of Each Receipt this Period
1000.00

Memo Item

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

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

23000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 74			
	<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) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address PO BOX 619616			Amount of Each Disbursement this Period 577.80	
City DFW AIRPORT	State TX	Zip Code 75261	Memo Item <input type="checkbox"/>	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.18623	
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. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016	
Mailing Address PO BOX 619616			Amount of Each Disbursement this Period 246.10	
City DFW AIRPORT	State TX	Zip Code 75261	Memo Item <input type="checkbox"/>	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.18763	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2016	
Mailing Address POST OFFICE BOX 360001			Amount of Each Disbursement this Period 45.09	
City FT. LAUDERDALE	State FL	Zip Code 33336	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.18625	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	868.99
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 74	
	<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) A. UBER CAB		Date of Disbursement MM / DD / YYYY 04 / 10 / 2016
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 20.58
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18626
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address POST OFFICE BOX 360001		Amount of Each Disbursement this Period 154.24
City FT. LAUDERDALE	State FL	
Zip Code 33336	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18776
State: District:		

Full Name (Last, First, Middle Initial) C. UBER CAB		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 44.49
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18778
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	154.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 74			
	<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) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 300 FIRST STREET SE			Amount of Each Disbursement this Period 26.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18779
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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2016
Mailing Address POST OFFICE BOX 360001			Amount of Each Disbursement this Period 1292.72
City FT. LAUDERDALE	State FL	Zip Code 33336	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	<input type="checkbox"/> Memo Item Transaction ID : SB17.18874
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2016
Mailing Address 300 FIRST STREET SE			Amount of Each Disbursement this Period 37.70
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18875
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	1292.72
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 74	
	<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) A. UBER CAB		Date of Disbursement MM / DD / YYYY 06 / 05 / 2016
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 35.62
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18876
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 05 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 1219.40
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18877
State: District:		

Full Name (Last, First, Middle Initial) C. CHASE CARD SERVICES		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 1587.29
City WILMINGTON	State DE	
Zip Code 19886	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18628
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1587.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 74	
	<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) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 366.69
City ATLANTA	State GA Zip Code 30348	
Purpose of Disbursement CAMPAIGN CELL PHONE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18629
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 3642 SOUTHWEST ARCHER ROAD		Amount of Each Disbursement this Period 147.00
City GAINESVILLE	State FL Zip Code 32608	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. WUFOO.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 101 LYTTON AVE		Amount of Each Disbursement this Period 29.95
City PALO ALTO	State CA Zip Code 94301	
Purpose of Disbursement SOFTWARE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 74			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UPS STORE		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>13</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		13		2016			
M M	/	D D	/	Y Y Y Y											
04		13		2016											
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.14</td> </tr> </table> <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18757	250.14												
250.14															
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement SHIPPING <table border="1"> <tr> <td>001</td> </tr> </table> Category/Type	001													
001															
Candidate Name	Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> Disbursement For: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House														
<input type="checkbox"/>	Senate														
<input type="checkbox"/>	President														
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General												
<input type="checkbox"/>	Other (specify)														
State: District:															

Full Name (Last, First, Middle Initial) B. BULLFEATHERS		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>13</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		13		2016			
M M	/	D D	/	Y Y Y Y											
04		13		2016											
Mailing Address 410 1ST ST SE		Amount of Each Disbursement this Period <table border="1"> <tr> <td>361.21</td> </tr> </table> <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18758	361.21												
361.21															
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE <table border="1"> <tr> <td>001</td> </tr> </table> Category/Type	001													
001															
Candidate Name	Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> Disbursement For: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House														
<input type="checkbox"/>	Senate														
<input type="checkbox"/>	President														
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General												
<input type="checkbox"/>	Other (specify)														
State: District:															

Full Name (Last, First, Middle Initial) C. CONSTANT CONTACT		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>13</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		13		2016			
M M	/	D D	/	Y Y Y Y											
04		13		2016											
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period <table border="1"> <tr> <td>55.00</td> </tr> </table> <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18759	55.00												
55.00															
City WALTHAM State MA Zip Code 02451	Purpose of Disbursement E-MARKETING <table border="1"> <tr> <td>001</td> </tr> </table> Category/Type	001													
001															
Candidate Name	Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> Disbursement For: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House														
<input type="checkbox"/>	Senate														
<input type="checkbox"/>	President														
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General												
<input type="checkbox"/>	Other (specify)														
State: District:															

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 74	
	<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) A. ENGRAVING UNIVERSE			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016	
Mailing Address 6623 SOUTHWEST ARCHER ROAD			Amount of Each Disbursement this Period 201.93	
City GAINESVILLE	State FL	Zip Code 32608	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18760	
Purpose of Disbursement PRINTING		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. CHASE CARD SERVICES			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016	
Mailing Address POST OFFICE BOX 15153			Amount of Each Disbursement this Period 1344.15	
City WILMINGTON	State DE	Zip Code 19886	<input type="checkbox"/> Memo Item Transaction ID : SB17.18785	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016	
Mailing Address 6861 WEST NEWBERRY ROAD			Amount of Each Disbursement this Period 149.68	
City GAINESVILLE	State FL	Zip Code 32605	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18786	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1344.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 74	
	<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) A. WUFOO.COM		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address 101 LYTTON AVE		Amount of Each Disbursement this Period 29.95
City PALO ALTO	State CA Zip Code 94301	
Purpose of Disbursement SOFTWARE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18787
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SHELL		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address 910 LOUISIANA ST		Amount of Each Disbursement this Period 32.40
City HOUSTON	State TX Zip Code 77002	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18792
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 144.48
City ATLANTA	State GA Zip Code 30348	
Purpose of Disbursement CAMPAIGN CELL PHONE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18795
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 74	
	<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) A. CONSTANT CONTACT			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016	
Mailing Address 1601 TRAPELO RD			Amount of Each Disbursement this Period 55.00	
City WALTHAM	State MA	Zip Code 02451	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18798	
Purpose of Disbursement E-MARKETING		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. JOE'S STONE CRAB			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016	
Mailing Address 11 WASHINGTON AVE			Amount of Each Disbursement this Period 263.84	
City MIAMI BEACH	State FL	Zip Code 33139	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18799	
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:				

Full Name (Last, First, Middle Initial) C. CHASE CARD SERVICES			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address POST OFFICE BOX 15153			Amount of Each Disbursement this Period 2783.51	
City WILMINGTON	State DE	Zip Code 19886	<input type="checkbox"/> Memo Item Transaction ID : SB17.18809	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2783.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 74	
	<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) A. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address POST OFFICE BOX 20980 DEPT. 980		Amount of Each Disbursement this Period 1062.40
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18810
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 5745 SOUTHWEST 75TH STREET		Amount of Each Disbursement this Period 109.73
City GAINESVILLE	State FL Zip Code 32608	
Purpose of Disbursement SHIPPING	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18812
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SHELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 910 LOUISIANA ST		Amount of Each Disbursement this Period 143.87
City HOUSTON	State TX Zip Code 77002	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18813
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 74	
	<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) A. BULLFEATHERS			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 410 1ST ST SE			Amount of Each Disbursement this Period 181.32	
City WASHINGTON	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.18814	
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. CONSTANT CONTACT			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 1601 TRAPELO RD			Amount of Each Disbursement this Period 60.00	
City WALTHAM	State MA	Zip Code 02451	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement E-MARKETING		Category/ Type 001	Transaction ID : SB17.18815	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. WUFOO.COM			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 101 LYTTON AVE			Amount of Each Disbursement this Period 29.95	
City PALO ALTO	State CA	Zip Code 94301	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.18816	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 74	
	<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) A. EXXON/MOBIL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 3424 SOUTHWEST WILLISTON ROAD		Amount of Each Disbursement this Period 140.41
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18817
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address POST OFFICE BOX 105378		Amount of Each Disbursement this Period 72.69
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement CAMPAIGN CELL PHONE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18818
State: District:		

Full Name (Last, First, Middle Initial) C. SENART'S OYSTER & CHOP HOUSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 520 8TH ST SE		Amount of Each Disbursement this Period 360.90
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18820
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 74			
	<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) A. CHASE CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address POST OFFICE BOX 15153		Amount of Each Disbursement this Period 85.00
City WILMINGTON	State DE	
Zip Code 19886	Purpose of Disbursement FINANCE CHARGES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18823
State: District:		

Full Name (Last, First, Middle Initial) B. GRIT STRATEGIES, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 12391 NE 91ST CT		Amount of Each Disbursement this Period 3103.80
City ARCHER	State FL	
Zip Code 32618	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18764
State: District:		

Full Name (Last, First, Middle Initial) C. GRIT STRATEGIES, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 12391 NE 91ST CT		Amount of Each Disbursement this Period 2710.00
City ARCHER	State FL	
Zip Code 32618	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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)	Transaction ID : SB17.18773
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5813.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 74	
	<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) A. GRIT STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 12391 NE 91ST CT			Amount of Each Disbursement this Period 2710.00	
City ARCHER	State FL	Zip Code 32618	<input type="checkbox"/> Memo Item	
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	Transaction ID : SB17.18828	
Category/Type 001				
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. KB STRATEGIC GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016	
Mailing Address PO BOX 101682			Amount of Each Disbursement this Period 1860.00	
City ARLINGTON	State VA	Zip Code 22201	<input type="checkbox"/> Memo Item	
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	Transaction ID : SB17.18624	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PARKS FORD			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016	
Mailing Address 2201 N MAIN ST			Amount of Each Disbursement this Period 532.67	
City GAINESVILLE	State FL	Zip Code 32609	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CAMPAIGN VEHICLE LEASE		Candidate Name	Transaction ID : SB17.18770	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5102.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 74	
	<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) A. PARKS FORD		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 2201 N MAIN ST		Amount of Each Disbursement this Period 532.67 <input type="checkbox"/> Memo Item Transaction ID : SB17.18805
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. PARKS FORD		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 2201 N MAIN ST		Amount of Each Disbursement this Period 532.67 <input type="checkbox"/> Memo Item Transaction ID : SB17.18871
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) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 21.50 <input type="checkbox"/> Memo Item Transaction ID : SB17.18746
City SAN FRANCISCO	State CA	
Zip Code 94105	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:	

SUBTOTAL of Disbursements This Page (optional).....	1086.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 74	
	<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) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2016
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 31.51 <input type="checkbox"/> Memo Item Transaction ID : SB17.18747
City SAN FRANCISCO State CA Zip Code 94105	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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 16.46 <input type="checkbox"/> Memo Item Transaction ID : SB17.18736
City SAN FRANCISCO State CA Zip Code 94105	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) C. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 10.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.18737
City SAN FRANCISCO State CA Zip Code 94105	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:		

SUBTOTAL of Disbursements This Page (optional).....	31.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 74			
	<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) A. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 1.51	
City SAN FRANCISCO	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.18738	
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 1.51	
City SAN FRANCISCO	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.18657	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 71.68	
City SAN FRANCISCO	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.18739	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	74.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 74			
	<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) A. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 143.36	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18740	
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 71.68	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18665	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 215.04	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18669	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	430.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 74			
	<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) A. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 43.00	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18881	
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 1.08	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18741	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 117.61	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18742	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	161.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 74			
	<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) A. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 43.00	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18686	
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. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 64.50	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18880	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address 144 SECOND STREET FIRST FLOOR			Amount of Each Disbursement this Period 4.30	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.18879	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	111.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 74			
	<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) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 8.60
City SAN FRANCISCO State CA Zip Code 94105	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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.18878
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 1.08
City SAN FRANCISCO State CA Zip Code 94105	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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.18837
State: District:		

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2016
Mailing Address 824 S. MILLEDGE AVE STE 101		Amount of Each Disbursement this Period 2005.40
City ATHENS State GA Zip Code 30605	Purpose of Disbursement COMPLIANCE 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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.18622
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2015.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 74			
	<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) A. PROFESSIONAL DATA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address 824 S. MILLEDGE AVE STE 101			Amount of Each Disbursement this Period 2001.94
City ATHENS	State GA	Zip Code 30605	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.18771
State: District:			

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 824 S. MILLEDGE AVE STE 101			Amount of Each Disbursement this Period 2000.00
City ATHENS	State GA	Zip Code 30605	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.18801
State: District:			

Full Name (Last, First, Middle Initial) C. REPUBLICAN CONGRESSIONAL SPOUSES CLUB			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2016
Mailing Address 2336 S QUEEN ST			Amount of Each Disbursement this Period 315.00
City ARLINGTON	State VA	Zip Code 22202	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.18769
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4316.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 74			
	<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) A. REPUBLICAN CONGRESSIONAL SPOUSES CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2016
Mailing Address 2336 S QUEEN ST			Amount of Each Disbursement this Period 50.00
City ARLINGTON	State VA	Zip Code 22202	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.18806
State: District:			

Full Name (Last, First, Middle Initial) B. HOWARD SEGERMARK			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 904 MASSACHUSETTS AVE NE			Amount of Each Disbursement this Period 870.04
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.18774
State: District:			

Full Name (Last, First, Middle Initial) C. SUSIE SMITH			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 110 CAT BAY LN			Amount of Each Disbursement this Period 595.00
City SAN MATEO	State FL	Zip Code 32187	
Purpose of Disbursement IN-KIND:EVENT ROOM RENTAL/SUPPLIES		Category/ Type	<input type="checkbox"/> 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)		Transaction ID : SB17.18884
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1515.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 74	
	<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) A. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Memo Item
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
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)	Transaction ID : SB17.18749

Full Name (Last, First, Middle Initial) B. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Memo Item
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
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)	Transaction ID : SB17.18748

Full Name (Last, First, Middle Initial) C. SUNTRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 5303 SOUTHWEST 91ST DRIVE		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Memo Item
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
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)	Transaction ID : SB17.18873

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 74	
	<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) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 1010.00
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL(SEE MEMOS) Category/Type 001	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18751
State: District:		

Full Name (Last, First, Middle Initial) B. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 760.00
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18752
State: District:		

Full Name (Last, First, Middle Initial) C. SEDONA HUFFTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 4400 SW 20TH AVE, APT 2211		Amount of Each Disbursement this Period 250.00
City GAINESVILLE State FL Zip Code 32607	Purpose of Disbursement SALARY Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18753
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 74	
	<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) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 84.34
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES 001	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18754
State: District:		

Full Name (Last, First, Middle Initial) B. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 420.00
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL (SEE MEMO) 001	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18766
State: District:		

Full Name (Last, First, Middle Initial) C. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 420.00
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY 001	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18767
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	504.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 74	
	<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) A. SUREPAYROLL, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 35.07	
City GLENVIEW	State IL	Zip Code 60025	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.18768	
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. SUREPAYROLL, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 31.73	
City GLENVIEW	State IL	Zip Code 60025	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.18782	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. SUREPAYROLL, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 380.00	
City GLENVIEW	State IL	Zip Code 60025	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL(SEE MEMO)		Category/ Type 001	Transaction ID : SB17.18783	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	446.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 74	
	<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) A. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 380.00
City TRENTON	State FL Zip Code 32693	
Purpose of Disbursement SALARY	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18784
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 33.40
City GLENVIEW	State IL Zip Code 60025	
Purpose of Disbursement PAYROLL TAXES	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18802
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 442.39
City GLENVIEW	State IL Zip Code 60025	
Purpose of Disbursement PAYROLL(SEE MEMO)	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.18803
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	475.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 74			
	<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) A. LAURA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 6470 SOUTHEAST 60TH AVENUE			Amount of Each Disbursement this Period 442.39		
City TRENTON	State FL	Zip Code 32693	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18804		
Purpose of Disbursement SALARY		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. SUREPAYROLL, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016		
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 43.42		
City GLENVIEW	State IL	Zip Code 60025	<input type="checkbox"/> Memo Item Transaction ID : SB17.18825		
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) C. SUREPAYROLL, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016		
Mailing Address 2350 RAVINE WAY SUITE 100			Amount of Each Disbursement this Period 520.00		
City GLENVIEW	State IL	Zip Code 60025	<input type="checkbox"/> Memo Item Transaction ID : SB17.18826		
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: _____				

SUBTOTAL of Disbursements This Page (optional)	563.42
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 74	
	<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) A. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 520.00
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18827
State: District:		

Full Name (Last, First, Middle Initial) B. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 260.00
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL(SEE MEMO) Category/Type 001	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18868
State: District:		

Full Name (Last, First, Middle Initial) C. LAURA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 6470 SOUTHEAST 60TH AVENUE		Amount of Each Disbursement this Period 260.00
City TRENTON State FL Zip Code 32693	Purpose of Disbursement SALARY Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.18869
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 74	
	<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) A. SUREPAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 2350 RAVINE WAY SUITE 100		Amount of Each Disbursement this Period 21.71
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL TAXES 001 Category/Type	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18870
State: District:		

Full Name (Last, First, Middle Initial) B. THE SIGN UNIVERSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 3210 SW 40TH BLVD, STE B		Amount of Each Disbursement this Period 2785.68
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement CAMPAIGN SIGNS 001 Category/Type	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18829
State: District:		

Full Name (Last, First, Middle Initial) C. THE SIGN UNIVERSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 3210 SW 40TH BLVD, STE B		Amount of Each Disbursement this Period 6060.72
City GAINESVILLE State FL Zip Code 32608	Purpose of Disbursement CAMPAIGN SIGNS/T-SHIRTS 001 Category/Type	
Candidate Name		<input type="checkbox"/> 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)	Transaction ID : SB17.18864
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8868.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 74	
	<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) A. WILLISTON FFA ALUMNI		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address 110 NE 5TH ST		Amount of Each Disbursement this Period 350.00
City WILLISTON	State FL	
Zip Code 32696	Purpose of Disbursement EVENT TICKETS	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.18765
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. CAROLYN YOHO		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 23.48
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.18780
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAROLYN YOHO		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2016
Mailing Address 8209 SW 95TH LANE		Amount of Each Disbursement this Period 14.65
City GAINESVILLE	State FL	
Zip Code 32608	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.18807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	388.13
TOTAL This Period (last page this line number only).....	41357.64

**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 74	
	<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) A. CONGREGATION B'NAI ISRAEL			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016	
Mailing Address 3830 NW 16TH BLVD			Amount of Each Disbursement this Period 250.00	
City GAINESVILLE	State FL	Zip Code 32605	Memo Item <input type="checkbox"/>	
Purpose of Disbursement DONATION		Category/ Type 012		
Candidate Name			Transaction ID : SB21.18627	
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. FLORIDA FEDERATION OF YOUNG REPUBLICANS			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 970 PHILLIPS HWY STE 104			Amount of Each Disbursement this Period 500.00	
City JACKSONVILLE	State FL	Zip Code 32256	Memo Item <input type="checkbox"/>	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011		
Candidate Name FLORIDA FEDERATION OF YOUNG REPUBLICANS			Transaction ID : SB21.18830	
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) C. TRENTON HIGH SCHOOL VARSITY CHEER TEAM			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016	
Mailing Address 1013 N MAIN ST			Amount of Each Disbursement this Period 150.00	
City TRENTON	State FL	Zip Code 32693	Memo Item <input type="checkbox"/>	
Purpose of Disbursement DONATION		Category/ Type 012		
Candidate Name			Transaction ID : SB21.18772	
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:			

SUBTOTAL of Disbursements This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	900.00