

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 1900 K Street NW

Check if different than previously reported. (ACC) Suite 700

Washington DC 20006

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00084491

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2015

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

Type or Print Name of Treasurer Mr. Robert Cresanti

Signature of Treasurer Mr. Robert Cresanti [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="360876.68"/>	<input type="text" value="360876.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="310776.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2078.60"/>	<input type="text" value="112367.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="312855.04"/>	<input type="text" value="473244.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19758.97"/>	<input type="text" value="180148.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="293096.07"/>	<input type="text" value="293096.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2015.12	110727.50
(ii) Unitemized	63.48	1640.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2078.60	112367.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2078.60	112367.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2078.60	112367.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2078.60	112367.80

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2258.97	27648.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2258.97	27648.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	152500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19758.97	180148.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19758.97	180148.41

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2078.60	112367.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2078.60	112367.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2258.97	27648.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2258.97	27648.41

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Corrects cash-on-hand.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

A. Mr. Steven Nooyen
Full Name (Last, First, Middle Initial)
Mailing Address 1171 Drews Drive
City De Pere State WI Zip Code 54115-1035
FEC ID number of contributing federal political committee. **C**
Name of Employer Home Instead Senior Care of Green Bay, Occupation Franchise Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 12 / 2015
Transaction ID : 10415865
Amount of Each Receipt this Period 365.00

B. Ms. Alisa Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 1900 K Street Suite 700
City Washington State DC Zip Code 20006-1110
FEC ID number of contributing federal political committee. **C**
Name of Employer International Franchise Association Occupation Vice President, Communications & Marke
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 05 / 31 / 2015
Transaction ID : 1520706
Amount of Each Receipt this Period 476.20

C. Mr. Christopher Krueger
Full Name (Last, First, Middle Initial)
Mailing Address 1900 K Street NW Suite 700
City Washington State DC Zip Code 20006-1110
FEC ID number of contributing federal political committee. **C**
Name of Employer International Franchise Association Occupation Director, Grassroots Advocacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 391.32

Date of Receipt 05 / 31 / 2015
Transaction ID : 4259699
Amount of Each Receipt this Period 86.96

SUBTOTAL of Receipts This Page (optional).....▶ 928.16
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

A. Mr. Bill Grubb
Full Name (Last, First, Middle Initial)

Mailing Address 1900 K Street
Suite 700

City Washington State DC Zip Code 20006-1110

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

Name of Employer International Franchise Association Occupation SVP Finance and Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1956.51

Date of Receipt
05 / 31 / 2015
Transaction ID : 4282546

Amount of Each Receipt this Period
434.78

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

Mailing Address 1501 K Street, NW, Suite 350

City Washington State DC Zip Code 20005-1412

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

Name of Employer International Franchise Association Occupation Director, Political Affairs and Grassr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
978.30

Date of Receipt
05 / 31 / 2015
Transaction ID : PR385120512583

Amount of Each Receipt this Period
217.40

P/R Deduction (\$108.70 Bi-Weekly)

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

Mailing Address 1501 K Street, NWm Suite 350

City Washington State DC Zip Code 20009

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

Name of Employer International Franchise Association Occupation Senior Director, State Government Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1956.51

Date of Receipt
05 / 31 / 2015
Transaction ID : PR396117912583

Amount of Each Receipt this Period
434.78

P/R Deduction (\$321.43 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1086.96
TOTAL This Period (last page this line number only).....	2015.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. CyberSource Corp.

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10415862

Amount of Each Disbursement this Period

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10415864

Amount of Each Disbursement this Period

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. American Society of Association Executives (APAC)

Date of Disbursement

Mailing Address 1575 I STREET, NW

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

City Washington State DC Zip Code 20005

Transaction ID : 10347638

Purpose of Disbursement
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name

American Society of Association Executives (APAC)

011
Category/
Type

5	0	0	0	0	0	0	0	0	0	0	0

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

2015 Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Friends Of Dennis Ross

Date of Disbursement

Mailing Address PO Box 7310

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

City Lakeland State FL Zip Code 33807

Transaction ID : 10347639

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Mr. Dennis Ross

011
Category/
Type

1	0	0	0	0	0	0	0	0	0	0	0

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

Contribution

State: FL District: 12

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Date of Disbursement

Mailing Address PO Box 3314

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

City Oregon City State OR Zip Code 97045

Transaction ID : 10347640

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Kurt Schrader

011
Category/
Type

1	0	0	0	0	0	0	0	0	0	0	0

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

Contribution

State: OR District: 05

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

7	0	0	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Cole

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

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

Transaction ID : 10347642

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Quigley For Congress

Mailing Address 2652 N Southport Avenue
Unit E

City Chicago State IL Zip Code 60614

Purpose of Disbursement

011

Candidate Name

Rep. Michael Quigley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

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

Transaction ID : 10347643

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Date of Disbursement

C. Kathleen Matthews For Congress

Mailing Address P.O. Box 15236

City Chevy Chase State MD Zip Code 20825

Purpose of Disbursement
Contribution

011

Candidate Name

Kathleen Matthews

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

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

Transaction ID : 10373008

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Contribution

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

8	5	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Elise For Congress

Mailing Address PO Box 500

City State Zip Code
Glens Falls NY 12801

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Elise Stefanik

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10373009

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of David Jolly

Mailing Address P. O. Box 1158

City State Zip Code
Indian Rocks Beach FL 33785

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

David Jolly

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10373011

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

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

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