

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

FRIENDS OF NEAL DUNN

ADDRESS (number and street)

PO BOX 16088

Check if different than previously reported. (ACC)

PANAMA CITY

FL

32406

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582304

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

02

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 / 2018

through

MM / DD / YYYY
06 / 30 / 2018

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

CROSBY, CALEB, , ,

Type or Print Name of Treasurer

Signature of Treasurer

CROSBY, CALEB, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
FRIENDS OF NEAL DUNN

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)).... | 103945.25 | 1076143.51 |
| (b) Total Contribution Refunds (from Line 20(d)) | 7700.00 | 17500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 96245.25 | 1058643.51 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 63038.69 | 620710.89 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 2536.64 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 63038.69 | 618174.25 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 477928.08 | |
| 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)..... | 296850.00 | |

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 05/2016)

Write or Type Committee Name

FRIENDS OF NEAL DUNN

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)..... | 43670.25 | 632082.86 |
| (ii) Unitemized..... | 4275.00 | 29376.48 |
| (iii) TOTAL of contributions from individuals ▶ | 47945.25 | 661459.34 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 56000.00 | 414684.17 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 103945.25 | 1076143.51 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 20423.81 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 58000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 58000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 2536.64 |
| 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)..... ▶ | 103945.25 | 1157103.96 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 63038.69 | 620710.89 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 50500.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 41150.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 41150.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 7700.00 | 17500.00 |
| (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))..... | 7700.00 | 17500.00 |
| 21. OTHER DISBURSEMENTS | 3000.00 | 10600.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 73738.69 | 740460.89 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 447721.52 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 103945.25 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 551666.77 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 73738.69 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 477928.08 |

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

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

FOR LINE NUMBER: PAGE 5 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
GONZALEZ, JORGE, L., MR.,
Mailing Address 1405 BAYTOWNE AVE E

City: MIRAMAR BEACH State: FL Zip Code: 32550-4891

FEC ID number of contributing federal political committee: C

Name of Employer: THE ST. JOE COMPANY Occupation: PRESIDENT & CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3790.00

Date of Receipt: 03 / 29 / 2018
Transaction ID : SA11A.3035

Amount of Each Receipt this Period: 2500.00

Memo Item CONTRIBUTION
SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
GONZALEZ, JORGE, L., MR.,
Mailing Address 1405 BAYTOWNE AVE E

City: MIRAMAR BEACH State: FL Zip Code: 32550-4891

FEC ID number of contributing federal political committee: C

Name of Employer: THE ST. JOE COMPANY Occupation: PRESIDENT & CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3790.00

Date of Receipt: 04 / 06 / 2018
Transaction ID : SA11A.3151

Amount of Each Receipt this Period: - 1250.00

Memo Item CONTRIBUTION
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
GONZALEZ, PAMELA, M., MS.,
Mailing Address 1405 BAYTOWN AVE E

City: MIRAMAR BEACH State: FL Zip Code: 32550-

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1250.00

Date of Receipt: 04 / 06 / 2018
Transaction ID : SA11A.3150

Amount of Each Receipt this Period: 1250.00

Memo Item CONTRIBUTION
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
JAMES, J.D., , MR.,

Mailing Address 1586 SEVEN BRIDGES ROAD

City MONTICELLO State FL Zip Code 32344-5306

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

Name of Employer JD JAMES, INC. Occupation CONTRACTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2018

Transaction ID : SA11A.3157

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
POPE, MELVIN, L., MR.,

Mailing Address 1802 ATLANTIS PLACE

City TALLAHASSEE State FL Zip Code 32303-5256

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

Name of Employer FINANCIAL PARTNERS OF NORTH FLORIDA Occupation INSURANCE AGENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2018

Transaction ID : SA11A.3159

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RILLSTONE, DOUGLAS, J., MR.,

Mailing Address 486 FRANK SHAW ROAD

City TALLAHASSEE State FL Zip Code 32312-1038

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

Name of Employer BROAD AND CASSEL LLP Occupation ATTORNEY

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2018

Transaction ID : SA11A.3158

Amount of Each Receipt this Period
400.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
MORRIS, ANDREA, , ,
 Mailing Address 1248 PENNY LANE
 City TALLAHASSEE State FL Zip Code 32312-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROBERTS AND ROBERTS, INC. Occupation VICE PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2470.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2018
Transaction ID : SA11A.3289
 Amount of Each Receipt this Period
 2470.25
 Memo Item
CONTRIBUTION
 IN-KIND: CATERING

B. Full Name (Last, First, Middle Initial)
WARREN, JOHN, E., MR.,
 Mailing Address P.O. BOX 27122
 City PANAMA CITY State FL Zip Code 32411-7122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2018
Transaction ID : SA11A.3164
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PANAMA CITY DIVE SERVICES LLC
 Mailing Address 5512 THOMAS DRIVE
 City PANAMA CITY BEACH State FL Zip Code 32408-6799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2018
Transaction ID : SA11A.3165
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION
 REFUNDED CONTRIBUTION 10/15/18

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

5970.25

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
FAUST, DENNIS, R., MR.,
Mailing Address 4008 MCLAUGHLIN DRIVE

City TALLAHASSEE State FL Zip Code 32309-2722

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 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 / 2018

Transaction ID : SA11A.3168

Amount of Each Receipt this Period
 250.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAMOS, CARLOS, E., DR.,
Mailing Address 400 RUE LAROCHE

City LYNN HAVEN State FL Zip Code 32444-1556

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

Name of Employer PANAMA CITY UROLOGICAL CENTER Occupation UROLOGIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2018

Transaction ID : SA11A.3170

Amount of Each Receipt this Period
 500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAMPBELL, ROBERT, A., MR.,
Mailing Address 7403 OX BOW CIRCLE

City TALLAHASSEE State FL Zip Code 32312-7549

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018

Transaction ID : SA11A.3199

Amount of Each Receipt this Period
 500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
DAVIS, JUDY, L., MS.,

Mailing Address 2727 MILLER LANDING ROAD

City TALLAHASSEE State FL Zip Code 32312-9670

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 27 2018

Transaction ID : SA11A.3173

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
DAVIS, JUDY, L., MS.,

Mailing Address 2727 MILLER LANDING ROAD

City TALLAHASSEE State FL Zip Code 32312-9670

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 27 2018

Transaction ID : SA11A.3189

Amount of Each Receipt this Period
- 1300.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
DAVIS, JUDY, L., MS.,

Mailing Address 2727 MILLER LANDING ROAD

City TALLAHASSEE State FL Zip Code 32312-9670

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 27 2018

Transaction ID : SA11A.3190

Amount of Each Receipt this Period
1300.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
DUNLAP, DAVISSON, , MR., JR.

Mailing Address 3765 BOBBIN MILL ROAD

City TALLAHASSEE State FL Zip Code 32312-1201

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3196

Amount of Each Receipt this Period
300.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EVANS, STEVEN, L., MR.,

Mailing Address 3920 BOBBIN BROOK CIRCLE

City TALLAHASSEE State FL Zip Code 32312-1255

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

Name of Employer PRIME MERIDIAN BANK Occupation BANKER - RETIRED IBM / CURRENT BOARD

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3177

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FIELDS, MICHAEL, M., MR.,

Mailing Address 1472 ST CHARLES PL

City TALLAHASSEE State FL Zip Code 32308-3894

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

Name of Employer BANK OF AMERICA Occupation PRESIDENT - FLORIDA

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3185

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
MITCHELL, JOSEPH, D., MR.,
Mailing Address 2061 CANTIGNY WAY

City TALLAHASSEE State FL Zip Code 32308-

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

Name of Employer SELF EMPLOYED Occupation CPA

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018

Transaction ID : SA11A.3191

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MONSON, CARL, , MR.,
Mailing Address 2868 FITZPATRICK DR

City TALLAHASSEE State FL Zip Code 32309-3263

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

Name of Employer STRATEGIC WEALTH INVESTMENT ADVISOR Occupation FINANCIAL ADVISOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018

Transaction ID : SA11A.3184

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NEEL, HERSCHEL, A., MR.,
Mailing Address 1121 LINDENWOOD DRIVE

City PANAMA CITY State FL Zip Code 32405-3623

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

Name of Employer CWR CONSTRUCTION Occupation MANAGER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018

Transaction ID : SA11A.3215

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4700.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
PERRIN, THOMAS, E., MR.,
Mailing Address 551 HIGH OAKS COURT

City TALLAHASSEE State FL Zip Code 32312-1249

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3176

Amount of Each Receipt this Period
200.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RUSSELL, TYLER, C., MR.,
Mailing Address 9604 DEER VALLEY DRIVE

City TALLAHASSEE State FL Zip Code 32312-4245

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

Name of Employer FLORIDA REALTORS Occupation REGIONAL DIRECTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3188

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHEPPARD, STANLEY, A., DR.,
Mailing Address 2801 CLINE STREET

City TALLAHASSEE State FL Zip Code 32308-0813

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

Name of Employer SELF Occupation PEDIATRIC DENTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3174

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
SMITH, JAY, B., MR., II
 Mailing Address 149 ROSEHILL DRIVE W
 City TALLAHASSEE State FL Zip Code 32312-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AJAX BUILDING CORPORATION Occupation OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018
Transaction ID : SA11A.3181
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STOUT, GARY, P., MR.,
 Mailing Address 353 MEADOW RIDGE DR
 City TALLAHASSEE State FL Zip Code 32312-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018
Transaction ID : SA11A.3172
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMPSON, JAMES, L., MR.,
 Mailing Address 210 ROSEHILL LANE
 City TALLAHASSEE State FL Zip Code 32312-9090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DEVELOPER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2018
Transaction ID : SA11A.3210
 Amount of Each Receipt this Period
 300.00
 Memo Item
CONTRIBUTION

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

1800.00

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

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

FOR LINE NUMBER: PAGE 14 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
WAGNON, DANIEL, H., MR.,
Mailing Address 6259 BLACKFOX WAY

City TALLAHASSEE State FL Zip Code 32312-4505

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

Name of Employer STRUCTURE REAL ESTATE SERVICES Occupation MANAGING DIRECTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3202

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTON, JAMES, F., DR., III
Mailing Address 7019 MCBRIDE ROAD

City TALLAHASSEE State FL Zip Code 32312-9666

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

Name of Employer SELF EMPLOYED Occupation DENTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3211

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WALTON, JAMES, F., DR., III
Mailing Address 7019 MCBRIDE ROAD

City TALLAHASSEE State FL Zip Code 32312-9666

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

Name of Employer SELF EMPLOYED Occupation DENTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3212

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

1850.00

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

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

FOR LINE NUMBER: PAGE 15 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
WILSON, ERIS, C., MR.,

Mailing Address 2864 FITZPATRICK DR

City TALLAHASSEE State FL Zip Code 32309-3263

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3183

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WINN, JUDY, A., MRS.,

Mailing Address 1424 OX BOTTOM ROAD

City TALLAHASSEE State FL Zip Code 32312-3526

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

Name of Employer GADSDEN SCHOOLS Occupation ADMINISTRATOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3186

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
YORK, ROY, B., MR.,

Mailing Address 447 LACY WOODS CT

City TALLAHASSEE State FL Zip Code 32312-1244

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11A.3171

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3450.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
MCCOY, ELKE, M., MS.,

Mailing Address 100 CHERRY STREET
UNIT 801

City PANAMA CITY State FL Zip Code 32401-3280

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2018

Transaction ID : SA11A.3218

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REGISTER, REBEKAH, , MS.,

Mailing Address 9445 N. HIGHWAY 231

City PANAMA CITY State FL Zip Code 32404-5687

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

Name of Employer ABSOLUTE SOLUTIONS ARS, LLC Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2018

Transaction ID : SA11A.3239

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 3233 MAGNOLIA ISLANDS BLVD

City PANAMA CITY BEACH State FL Zip Code 32408-7166

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

Name of Employer R & R INC. Occupation ROAD BUILDER

Receipt For: 2018
 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 / 2018

Transaction ID : SA11A.3238

Amount of Each Receipt this Period
2000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
THE CHICKASAW NATION

Mailing Address 2020 LONNIE ABBOTT BLVD.

City ADA State OK Zip Code 74820-9255

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

Name of Employer Occupation

Receipt For: 2018
 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 / 2018

Transaction ID : SA11A.3223

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CARTER, R. H., , MR.,

Mailing Address 860 REHWINKEL ROAD

City CRAWFORDVILLE State FL Zip Code 32327-3496

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

Name of Employer Occupation
SENIOR CITIZENS OF WAKULLA EXECUTIVE DIRECTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2018

Transaction ID : SA11A.3229

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHILDREE, HOPE, B., MS.,

Mailing Address 8487 CONGRESSIONAL DRIVE

City TALLAHASSEE State FL Zip Code 32312-4020

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

Name of Employer Occupation
BACTES IMAGING SOLUTIONS LLC CLIENT SUCCESS MANAGER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2018

Transaction ID : SA11A.3234

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
GINIGER, JILL, , MS.,

Mailing Address 110 PALM CROSSING BOULEVARD

City PANAMA CITY BEACH State FL Zip Code 32408-5232

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

Name of Employer BEACH THERAPEUTIC MASSAGE Occupation SPA OWNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2018

Transaction ID : SA11A.3237

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NORDSTROM, ADAM, , MR.,

Mailing Address 4201 WILSON BLVD #110-164

City ARLINGTON State VA Zip Code 22203-1859

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

Name of Employer VIKING NAVIGATION LLC Occupation PRINCIPAL

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2018

Transaction ID : SA11A.3241

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLON, WALTER, E., DR., II

Mailing Address 7465 HEARTLAND CIRCLE

City TALLAHASSEE State FL Zip Code 32312-7518

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

Name of Employer PERIODONTAL ASSOCIATES OF N. FLORIDA Occupation PERIODONTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11A.3242

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

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

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

_____ 1750.00

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

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

FOR LINE NUMBER: PAGE 19 OF 65
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
GLADSTONE, LORNA, J., MS.,
Mailing Address 1161 CREST LANE

City: MCLEAN State: VA Zip Code: 22101-1805

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5400.00

Date of Receipt: 05 / 31 / 2018
Transaction ID : SA11A.3243

Amount of Each Receipt this Period: 1500.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
GLADSTONE, LORNA, J., MS.,
Mailing Address 1161 CREST LANE

City: MCLEAN State: VA Zip Code: 22101-1805

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5400.00

Date of Receipt: 05 / 31 / 2018
Transaction ID : SA11A.3256

Amount of Each Receipt this Period: - 400.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL; REFUNDED
\$1,100.00 ON 06/11/2018

C. Full Name (Last, First, Middle Initial)
GLADSTONE, LORNA, J., MS.,
Mailing Address 1161 CREST LANE

City: MCLEAN State: VA Zip Code: 22101-1805

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5400.00

Date of Receipt: 05 / 31 / 2018
Transaction ID : SA11A.3257

Amount of Each Receipt this Period: 400.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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 20 OF 65 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
GLENN, HARRY, J., MR.,

Mailing Address 1540 GULF BLVD.
#404

| | | |
|--------------------|-------------|------------------------|
| City CLEARWATER | State FL | Zip Code 33767-2960 |
|--------------------|-------------|------------------------|

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

| | |
|---------------------------------------|------------------|
| Name of Employer VAN SCOYOC ASSOC. | Occupation VP |
|---------------------------------------|------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 31 / 2018 |

Transaction ID : SA11A.3251

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GREGORY, DOUGLAS, M., MR.,

Mailing Address 800 MAINE AVE., SW
SUITE 800

| | | |
|--------------------|-------------|--------------------|
| City WASHINGTON | State DC | Zip Code 20024- |
|--------------------|-------------|--------------------|

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

| | |
|---|--------------------------|
| Name of Employer VAN SOYAC ASSOCIATES INC. | Occupation CONSULTANT |
|---|--------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 31 / 2018 |

Transaction ID : SA11A.3254

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
POARCH BAND OF CREEK INDIANS

Mailing Address 5811 JACK SPRINGS ROAD

| | | |
|----------------|-------------|------------------------|
| City ATMORE | State AL | Zip Code 36502-5025 |
|----------------|-------------|------------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6400.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 31 / 2018 |

Transaction ID : SA11A.3247

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION
REFUNDED \$1,000 10/15/18

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3700.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 21 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
GREEN, ROBERT, M., MR. ,
 Mailing Address 6296 OLD WATER OAK RD.
 City TALLAHASSEE State FL Zip Code 32312-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2018
Transaction ID : SA11A.3263
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MELVIN, DAVID, H., MR.,
 Mailing Address 4646 THE OAKS DR.
 City MARIANNA State FL Zip Code 32446-7912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVID MELVIN INC Occupation PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2018
Transaction ID : SA11A.3259
 Amount of Each Receipt this Period
 300.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STANTON, WILLIAM, R., MR., JR.
 Mailing Address 4358 KELSON AVENUE
 City MARIANNA State FL Zip Code 32446-3048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACKSON COUNTY ECONOMIC COUNCIL Occupation DIRECTOR
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2018
Transaction ID : SA11A.3262
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
WALL, KEVIN, R., MR.,
Mailing Address 1708 CHESTNUT HILL

City TALLAHASSEE State FL Zip Code 32312-3768

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

Name of Employer ANDERSON COLUMBIA INC. Occupation VICE PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2018

Transaction ID : SA11A.3261

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAMS, HENRY, KEITH, MR.,
Mailing Address 3413 PARKWOOD DRIVE

City MARIANNA State FL Zip Code 32446-8294

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

Name of Employer STATE FARM INSURANCE Occupation INSURANCE AGENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2018

Transaction ID : SA11A.3260

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MACKECHNIE, IAN, A., MR.,
Mailing Address 4902 ANDROS DRIVE

City TAMPA State FL Zip Code 33629-4802

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

Name of Employer AMSCOT FINANCIAL, INC. Occupation CHAIRMAN AND CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2018

Transaction ID : SA11A.3271

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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 23 OF 65 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12 | 13a | 13b | 14 |
| | | | 15 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
BARTLETT, DOYLE, , MR. ,

Mailing Address **439 NEW JERSEY AVE SE**

| | | |
|---------------------------|--------------------|-------------------------------|
| City WASHINGTON | State DC | Zip Code 20003-4034 |
|---------------------------|--------------------|-------------------------------|

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

| | |
|---------------------------------------|-----------------------------|
| Name of Employer ERIS GROUP | Occupation LAWYER |
|---------------------------------------|-----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 28 | | 2018 |

Transaction ID : SA11A.3275

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

Memo Item
CONTRIBUTION

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 43670.25 |

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

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

FOR LINE NUMBER: PAGE 24 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOC PAC

Mailing Address 1090 VERMONT AVE., NW
SUITE 500

City WASHINGTON State DC Zip Code 20005-4905

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2018

Transaction ID : SA11C.3166

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 600 WASHINGTON BOULEVARD

City STAMFORD State CT Zip Code 06901-3726

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2018

Transaction ID : SA11C.3167

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL PAC

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103-2855

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2018

Transaction ID : SA11C.3220

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

10000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC. PAC

Mailing Address 20 F STREET NW
4TH FLOOR

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2018

Transaction ID : SA11C.3222

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN WOOD COUNCIL PAC

Mailing Address 222 CATOCTIN CIRCLE SE
SUITE 201

City LEESBURG State VA Zip Code 20175-3730

FEC ID number of contributing federal political committee. **C** C00602698

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2018

Transaction ID : SA11C.3225

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN BOLTON PAC

Mailing Address 1730 M STREET NW
SUITE 611

City WASHINGTON State DC Zip Code 20036-4515

FEC ID number of contributing federal political committee. **C** C00542431

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2018

Transaction ID : SA11C.3240

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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 26 OF 65 | |
| <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 | |

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)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
SPACE EXPLORATION TECHNOLOGIES CORP. PAC

Mailing Address 1030 15TH ST NW

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20005-1503 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00411116

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2018

Transaction ID : SA11C.3221

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
US ONCOLOGY INC. NETWORK PAC

Mailing Address 10101 WOODLOCH FOREST DRIVE

| | | |
|-----------------------|-------------|------------------------|
| City THE WOODLANDS | State TX | Zip Code 77380-1975 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00339655

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2018

Transaction ID : SA11C.3224

Amount of Each Receipt this Period
 _____,_____,_____ 2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHOPEDIC SURGEONS PAC

Mailing Address 317 MASSACHUSETTS AVE NE

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20002-5769 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00343137

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2018

Transaction ID : SA11C.3235

Amount of Each Receipt this Period
 _____,_____,_____ 1500.00

Memo Item
CONTRIBUTION

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 27 OF 65 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET

| | | |
|-------------------|-------------|------------------------|
| City CHARLOTTE | State NC | Zip Code 28202-4200 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00083535

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 21 / 2018 |

Transaction ID : SA11C.3231

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION PAC

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

| | | |
|----------------------|-------------|------------------------|
| City FALLS CHURCH | State VA | Zip Code 22042-4541 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00078451

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 21 / 2018 |

Transaction ID : SA11C.3232

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22202-3706 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00303024

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 21 / 2018 |

Transaction ID : SA11C.3233

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 4500.00 |
| 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 28 OF 65 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
PINNACLE WEST PAC

Mailing Address 400 N 5TH STREET

| | | |
|-----------------|-------------|------------------------|
| City PHOENIX | State AZ | Zip Code 85004-3902 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00015933

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2018

Transaction ID : SA11C.3230

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CEMEX INC. EMPLOYEES PAC

Mailing Address 10100 KATY FREEWAY SUITE 300

| | | |
|-----------------|-------------|------------------------|
| City HOUSTON | State TX | Zip Code 77043-5267 |
|-----------------|-------------|------------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2018

Transaction ID : SA11C.3252

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR CANCER AWARENESS FEDERAL PAC

Mailing Address 610 N WESTSHORE BOULEVARD

| | | |
|---------------|-------------|--------------------|
| City TAMPA | State FL | Zip Code 33607- |
|---------------|-------------|--------------------|

FEC ID number of contributing federal political committee. **C** C00455907

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2018

Transaction ID : SA11C.3253

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 29 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
COMMITTEE FOR ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City: CORDOVA State: TN Zip Code: 38088-2995

FEC ID number of contributing federal political committee: **C** C00023028

Name of Employer: Occupation:

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11C.3244

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMMITTEE FOR THE ADVANCEMENT OF SOUTHEAST COTTON PAC

Mailing Address 139 PROMINENCE COURT
SUITE 110

City: DAWSONVILLE State: GA Zip Code: 30534-8940

FEC ID number of contributing federal political committee: **C** C00300426

Name of Employer: Occupation:

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11C.3245

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NEXTERA ENERGY PAC

Mailing Address 801 PENNSYLVANIA AVE NW
SUITE 220

City: WASHINGTON State: DC Zip Code: 20004-2679

FEC ID number of contributing federal political committee: **C** C00064774

Name of Employer: Occupation:

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11C.3246

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
PLAINS COTTON GROWERS, INC. PAC

Mailing Address 4517 W LOOP 289

City LUBBOCK State TX Zip Code 79414-1235

FEC ID number of contributing federal political committee. **C** C00599084

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3333.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11C.3248

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE FARM CREDIT COUNCIL PAC

Mailing Address 50 F ST NW
SUITE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11C.3250

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTERN PEANUT GROWERS ASSOCIATION, INC. PAC

Mailing Address PO BOX 252

City SEMINOLE State TX Zip Code 79360-0252

FEC ID number of contributing federal political committee. **C** C00254847

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11C.3249

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 31 OF 65 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA

Mailing Address 174 NORTH CAROLINA AVENUE, SE

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20003-1841 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00503680

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 15 / 2018 |

Transaction ID : SA11C.3264

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PANHANDLE PEANUT GROWERS PAC

Mailing Address PO BOX 361

| | | |
|--------------------|-------------|------------------------|
| City WELLINGTON | State TX | Zip Code 79095-0361 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00382507

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 15 / 2018 |

Transaction ID : SA11C.3265

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RURAL AMERICA COUNTS PAC (RAC PAC)

Mailing Address 3538 S WAKEFIELD ST.

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22206-1708 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00570770

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 15 / 2018 |

Transaction ID : SA11C.3266

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 4000.00 |
| 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 32 OF 65 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC

Mailing Address 1155 15TH ST. NW

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20005-2706 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00570226

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 15 / 2018 |

Transaction ID : SA11C.3270

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC. PAC

Mailing Address 20 F STREET NW
4TH FLOOR

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20001-6700 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00196246

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 26 / 2018 |

Transaction ID : SA11C.3273

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN KENNEL CLUB INC. POLITICAL ACTION COMMITTEE

Mailing Address 260 MADISON AVENUE

| | | |
|------------------|-------------|------------------------|
| City NEW YORK | State NY | Zip Code 10016-2400 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00441808

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 26 / 2018 |

Transaction ID : SA11C.3274

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| 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 33 OF 65 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
THE GUARDIAN FUND

Mailing Address 2140 THREE M TRAIL

| | | |
|----------------|-------------|------------------------|
| City DELAND | State FL | Zip Code 32720-1615 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00493221

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 26 / 2018 |

Transaction ID : SA11C.3272

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION PAC (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW
STE 800

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20005-2125 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00359539

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2018 |

Transaction ID : SA11C.3282

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20036-3971 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00004275

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2018 |

Transaction ID : SA11C.3287

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 2500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 34 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.3288

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.3279

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY PAC (ACCPAC)

Mailing Address 2400 N ST NW

City WASHINGTON State DC Zip Code 20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11C.3281

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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 35 OF 65 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
BLOOMIN' BRANDS INC PAC

Mailing Address 2202 N. WESTSHORE BLVD.
5TH FLOOR

| | | |
|---------------|-------------|------------------------|
| City TAMPA | State FL | Zip Code 33607-5754 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00253153

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11C.3280

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CARDIOLOGY ADVOCACY ALLIANCE INC. PAC (CAAPAC)

Mailing Address 2050 KINGS CIRCLE S.

| | | |
|-----------------------|-------------|------------------------|
| City NEPTUNE BEACH | State FL | Zip Code 32266-1616 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00421040

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 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 / 2018

Transaction ID : SA11C.3286

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20004-1710 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00163832

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 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 / 2018

Transaction ID : SA11C.3283

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| 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 36 OF 65 | | |
| <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)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
UPS PAC

Mailing Address **55 GLENLAKE PKWY NE**

| | | |
|------------------------|--------------------|-------------------------------|
| City ATLANTA | State GA | Zip Code 30328-3474 |
|------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C C00064766**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 30 | | 2018 |

Transaction ID : SA11C.3285

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Memo Item

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

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

| |
|---------------------------------------|
| <input type="text" value="1000.00"/> |
| <input type="text" value="56000.00"/> |

**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 37 OF 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2018 |
| Mailing Address 1593 SPRING HILL ROAD STE 400 | | FEC Identification Number C |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 0.50 |
| Candidate Name | | Transaction ID : SB17.I1210 |
| 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 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2018 |
| Mailing Address P.O. BOX 650448 | | FEC Identification Number C |
| City DALLAS | State TX | Zip Code 75265 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 345.10 |
| Candidate Name | | Transaction ID : SB17.I1207 |
| 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 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2018 |
| Mailing Address 1593 SPRING HILL ROAD STE 400 | | FEC Identification Number C |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 519.60 |
| Candidate Name | | Transaction ID : SB17.I1211 |
| 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 |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 865.20 |
| 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 38 OF 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

A. SECRETARY OF STATE

Full Name (Last, First, Middle Initial)
R.A. GRAY BUILDING, ROOM 316
500 SOUTH BRONOUGH STREET

Mailing Address

City: TALLAHASSEE State: FL Zip Code: 32399

Purpose of Disbursement: QUALIFYING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 10440.00

Transaction ID : SB17.I1229

Memo Item

B. MORRIS, ANDREA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1248 PENNY LANE

City: TALLAHASSEE State: FL Zip Code: 32312-

Purpose of Disbursement: IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 14 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 2470.25

Transaction ID : SB17.3289

Memo Item IN-KIND: CATERING

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City: VIENNA State: VA Zip Code: 22182

Purpose of Disbursement: DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 19 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 798.00

Transaction ID : SB17.I1212

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 13708.25

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 39 OF 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VISA | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018 |
| Mailing Address P.O. BOX 30131 | | FEC Identification Number C |
| City TAMPA | State FL | Zip Code 33630 |
| Purpose of Disbursement CREDIT CARD PAYMENT | | Amount of Each Disbursement this Period 3159.04 |
| Candidate Name | | Transaction ID : SB17.I1231 |
| 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 |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018 |
| Mailing Address 300 FIRST STREET SE | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement CATERING/FACILITY RENTAL | | Amount of Each Disbursement this Period 646.80 |
| Candidate Name | | Transaction ID : SB17.I1241 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. COLOR PRESS | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018 |
| Mailing Address 3430 HIGHWAY 77 SUITE D | | FEC Identification Number C |
| City PANAMA CITY | State FL | Zip Code 32405 |
| Purpose of Disbursement PRINTING | | Amount of Each Disbursement this Period 1074.28 |
| Candidate Name | | Transaction ID : SB17.I1262 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3159.04 |
| 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 40 OF 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. FEDEX | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018 | |
| Mailing Address 3610 HACKS CROOS ROAD | | | FEC Identification Number C | |
| City MEMPHIS | State TN | Zip Code 38125 | Amount of Each Disbursement this Period 121.85 | |
| Purpose of Disbursement DELIVERY | | Category/Type | Transaction ID : SB17.I1243 | |
| 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. GOOGLE | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018 | |
| Mailing Address 1600 AMPHITHEATRE PKWY | | | FEC Identification Number C | |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 | Amount of Each Disbursement this Period 180.00 | |
| Purpose of Disbursement WEB SERVICE | | Category/Type | Transaction ID : SB17.I1273 | |
| 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. RTS RESTAURANT | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018 | |
| Mailing Address 3804 MT VERNON AVE | | | FEC Identification Number C | |
| City ALEXANDRIA | State VA | Zip Code 22305 | Amount of Each Disbursement this Period 717.49 | |
| Purpose of Disbursement CATERING/FACILITY RENTAL | | Category/Type | Transaction ID : SB17.I1240 | |
| 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) ▼ | | | |
| 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 41 OF 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address NORTH SIDE STATION
1315 W 17TH STREET

City PANAMA CITY State FL Zip Code 32406

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.I1260

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 14.25

Transaction ID : SB17.I1213

Memo Item

C. CROSBY OTTENHOFF GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE #267
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING/DELIVERY SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 2317.35

Transaction ID : SB17.I1218

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2331.60

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 42 OF 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. MESSAGE COMMAND, LLC | | Date of Disbursement |
| Mailing Address 1910 SEAGATE AVE | | M M / D D / Y Y Y Y 05 / 02 / 2018 |
| City NEPTUNE BEACH | State FL | Zip Code 32266 |
| Purpose of Disbursement WEB CONSULTING | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period | |
| 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) ▼ | 3072.90 |
| State: District: | Transaction ID : SB17.I1223 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. PROSEQUENCE LLC | | Date of Disbursement |
| Mailing Address PROSEQUENCE LLC P.O. BOX 10666 | | M M / D D / Y Y Y Y 05 / 02 / 2018 |
| City TALLAHASSEE | State FL | Zip Code 32302 |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period | |
| 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) ▼ | 7500.00 |
| State: District: | Transaction ID : SB17.I1226 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement |
| Mailing Address 1593 SPRING HILL ROAD STE 400 | | M M / D D / Y Y Y Y 05 / 03 / 2018 |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period | |
| 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) ▼ | 0.56 |
| State: District: | Transaction ID : SB17.I1214 | |
| | | <input type="checkbox"/> Memo Item |

| | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 10573.46 |
| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. HOFFMAN, LANDON, , , | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2018 | |
| Mailing Address 1273 MOSSWOOD CHASE | | | FEC Identification Number C | |
| City TALLAHASSEE | State FL | Zip Code 32312 | Amount of Each Disbursement this Period 4200.00 | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type | Transaction ID : SB17.I1235 | |
| 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address P.O. BOX 650448 | | | FEC Identification Number C | |
| City DALLAS | State TX | Zip Code 75265 | Amount of Each Disbursement this Period 21.98 | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Category/ Type | Transaction ID : SB17.I1208 | |
| 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. NORTH FLORIDA COUNCIL | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2018 | |
| Mailing Address 521 S. EDGEWOOD AVENUE | | | FEC Identification Number C | |
| City JACKSONVILLE | State FL | Zip Code 32205 | Amount of Each Disbursement this Period 250.00 | |
| Purpose of Disbursement REGISTRATION FEE | | Category/ Type | Transaction ID : SB17.I1225 | |
| 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) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4471.98 |
| 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 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. HOFFMAN, LANDON, , , | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 | | |
| Mailing Address 1273 MOSSWOOD CHASE | | | FEC Identification Number C | | |
| City TALLAHASSEE | State FL | Zip Code 32312 | Amount of Each Disbursement this Period 4200.00 | | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type | Transaction ID : SB17.I1236 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 | | |
| Mailing Address 1593 SPRING HILL ROAD STE 400 | | | FEC Identification Number C | | |
| City VIENNA | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 798.00 | | |
| Purpose of Disbursement DATABASE SERVICES | | Category/ Type | Transaction ID : SB17.I1215 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CROSBY OTTENHOFF GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 | | |
| Mailing Address 611 PENNSYLVANIA AVE SE #267 #267 | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 2250.00 | | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Category/ Type | Transaction ID : SB17.I1219 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 7248.00 |
| 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 45 OF 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VISA | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 |
| Mailing Address P.O. BOX 30131 | | FEC Identification Number C |
| City TAMPA | State FL | Zip Code 33630 |
| Purpose of Disbursement CREDIT CARD PAYMENT | | Amount of Each Disbursement this Period 1679.89 |
| Candidate Name | | Transaction ID : SB17.I1232 |
| 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 |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 |
| Mailing Address 300 FIRST STREET SE | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement CATERING/FACILITY RENTAL | | Amount of Each Disbursement this Period 238.08 |
| Candidate Name | | Transaction ID : SB17.I1251 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DELTA | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 |
| Mailing Address P.O. BOX 20706 | | FEC Identification Number C |
| City ATLANTA | State GA | Zip Code 30320 |
| Purpose of Disbursement TRAVEL | | Amount of Each Disbursement this Period 602.60 |
| Candidate Name | | Transaction ID : SB17.I1268 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1679.89 |
| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 |
| Mailing Address 3610 HACKS CROOS ROAD | | FEC Identification Number C |
| City MEMPHIS | State TN | Zip Code 38125 |
| Purpose of Disbursement DELIVERY | | Amount of Each Disbursement this Period 16.30 |
| Candidate Name | | Transaction ID : SB17.I1244 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 |
| Mailing Address 3610 HACKS CROOS ROAD | | FEC Identification Number C |
| City MEMPHIS | State TN | Zip Code 38125 |
| Purpose of Disbursement DELIVERY | | Amount of Each Disbursement this Period 100.35 |
| Candidate Name | | Transaction ID : SB17.I1245 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 |
| Mailing Address 1600 AMPHITHEATRE PKWY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 |
| Purpose of Disbursement WEB SERVICE | | Amount of Each Disbursement this Period 52.24 |
| Candidate Name | | Transaction ID : SB17.I1274 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: District: | | |

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| 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 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. HOUSE GIFT SHOP | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018 | | |
| Mailing Address US CAPITOL B217 LONGWORTH | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20515 | Amount of Each Disbursement this Period 508.20 | | |
| Purpose of Disbursement DONOR MEMENTOS | | Category/ Type | Transaction ID : SB17.I1248 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF MANATEE COUNTY | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2018 | | |
| Mailing Address P.O. BOX 14091 | | | FEC Identification Number C | | |
| City BRADENTON | State FL | Zip Code 34280 | Amount of Each Disbursement this Period 2000.00 | | |
| Purpose of Disbursement REGISTRATION FEE | | Category/ Type | Transaction ID : SB17.I1228 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ALMEGA SPORTS | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2018 | | |
| Mailing Address 2497 HIGHWAY 77 | | | FEC Identification Number C | | |
| City PANAMA CITY | State FL | Zip Code 32405 | Amount of Each Disbursement this Period 529.20 | | |
| Purpose of Disbursement PRINTING | | Category/ Type | Transaction ID : SB17.I1206 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2529.20 |
| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2018 |
| Mailing Address 1593 SPRING HILL ROAD STE 400 | | FEC Identification Number C |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 10.30 |
| Candidate Name | | Transaction ID : SB17.I1216 |
| 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 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. PROSEQUENCE LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2018 |
| Mailing Address PROSEQUENCE LLC P.O. BOX 10666 | | FEC Identification Number C |
| City TALLAHASSEE | State FL | Zip Code 32302 |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name | | Transaction ID : SB17.I1227 |
| 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 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2018 |
| Mailing Address P.O. BOX 650448 | | FEC Identification Number C |
| City DALLAS | State TX | Zip Code 75265 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 29.05 |
| Candidate Name | | Transaction ID : SB17.I1209 |
| 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 |
| State: District: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5039.35 |
| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2018 |
| Mailing Address 1593 SPRING HILL ROAD STE 400 | | FEC Identification Number C |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement DATABASE SERVICES | | Amount of Each Disbursement this Period 798.00 |
| Candidate Name | | Transaction ID : SB17.I1217 |
| 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 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. HOFFMAN, LANDON, , , | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2018 |
| Mailing Address 1273 MOSSWOOD CHASE | | FEC Identification Number C |
| City TALLAHASSEE | State FL | Zip Code 32312 |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Amount of Each Disbursement this Period 4200.00 |
| Candidate Name | | Transaction ID : SB17.I1237 |
| 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 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MESSAGE COMMAND, LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2018 |
| Mailing Address 1910 SEAGATE AVE | | FEC Identification Number C |
| City NEPTUNE BEACH | State FL | Zip Code 32266 |
| Purpose of Disbursement WEB CONSULTING | | Amount of Each Disbursement this Period 730.55 |
| Candidate Name | | Transaction ID : SB17.I1224 |
| 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 |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5728.55 |
| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CROSBY OTTENHOFF GROUP | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 611 PENNSYLVANIA AVE SE #267 #267 | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement COMPLIANCE CONSULTING/DELIVERY SERVICE | | Amount of Each Disbursement this Period 2283.13 |
| Candidate Name | | Transaction ID : SB17.I1220 |
| 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 |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. VISA | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address P.O. BOX 30131 | | FEC Identification Number C |
| City TAMPA | State FL | Zip Code 33630 |
| Purpose of Disbursement CREDIT CARD PAYMENT | | Amount of Each Disbursement this Period 2743.22 |
| Candidate Name | | Transaction ID : SB17.I1233 |
| 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 |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. AMAZON | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 410 TERRY AVE NORTH | | FEC Identification Number C |
| City SEATTLE | State WA | Zip Code 98109-5210 |
| Purpose of Disbursement OFFICE SUPPLIES | | Amount of Each Disbursement this Period 24.77 |
| Candidate Name | | Transaction ID : SB17.I1256 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5026.35 |
| 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 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. AMAZON | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2018 | | |
| Mailing Address 410 TERRY AVE NORTH | | | FEC Identification Number C | | |
| City SEATTLE | State WA | Zip Code 98109-5210 | Amount of Each Disbursement this Period - 776.36 | | |
| Purpose of Disbursement REFUND: OFFICE SUPPLIES | | Category/ Type | Transaction ID : SB17.I1280 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 | | |
| Mailing Address 300 FIRST STREET SE | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 787.85 | | |
| Purpose of Disbursement CATERING/FACILITY RENTAL | | Category/ Type | Transaction ID : SB17.I1242 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. DEL FRISCOS | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 | | |
| Mailing Address 950 I STREET NW SUITE 501 | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20001 | Amount of Each Disbursement this Period 333.85 | | |
| Purpose of Disbursement FOOD/BEVERAGE | | Category/ Type | Transaction ID : SB17.I1252 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 3610 HACKS CROOS ROAD | | FEC Identification Number C |
| City MEMPHIS | State TN | Zip Code 38125 |
| Purpose of Disbursement DELIVERY | | Amount of Each Disbursement this Period 104.65 |
| Candidate Name | | Transaction ID : SB17.I1246 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. GEPPETTO CATERING | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 4505 QUEENBURY RD. | | FEC Identification Number C |
| City RIVERDALE | State MD | Zip Code 20737 |
| Purpose of Disbursement CATERING | | Amount of Each Disbursement this Period 820.50 |
| Candidate Name | | Transaction ID : SB17.I1238 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 1600 AMPHITHEATRE PKWY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 |
| Purpose of Disbursement WEB SERVICE | | Amount of Each Disbursement this Period 50.00 |
| Candidate Name | | Transaction ID : SB17.I1275 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 53 OF 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. SHELL OIL | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 1703 MAHAN DRIVE | | FEC Identification Number C |
| City TALLAHASSEE | State FL | Zip Code 32308 |
| Purpose of Disbursement TRAVEL | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period 17.79 | |
| 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.I1269 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address NORTH SIDE STATION 1315 W 17TH STREET | | FEC Identification Number C |
| City PANAMA CITY | State FL | Zip Code 32406 |
| Purpose of Disbursement POSTAGE | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period 20.00 | |
| 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.I1261 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. WINDOWS CATERING COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 5724 GENERAL WASHINGTON DR. | | FEC Identification Number C |
| City ALEXANDRIA | State VA | Zip Code 22312 |
| Purpose of Disbursement CATERING | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period 1269.41 | |
| 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.I1239 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 65 | | | |
| | <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)
FRIENDS OF NEAL DUNN

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. VISA | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018 | | |
| Mailing Address P.O. BOX 30131 | | | FEC Identification Number C | | |
| City TAMPA | State FL | Zip Code 33630 | Amount of Each Disbursement this Period 557.52 | | |
| Purpose of Disbursement CREDIT CARD PAYMENT | | Category/ Type | Transaction ID : SB17.I1234 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. COLOR PRESS | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018 | | |
| Mailing Address 3430 HIGHWAY 77 SUITE D | | | FEC Identification Number C | | |
| City PANAMA CITY | State FL | Zip Code 32405 | Amount of Each Disbursement this Period 107.00 | | |
| Purpose of Disbursement PRINTING | | Category/ Type | Transaction ID : SB17.I1264 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. FEDEX | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018 | | |
| Mailing Address 3610 HACKS CROOS ROAD | | | FEC Identification Number C | | |
| City MEMPHIS | State TN | Zip Code 38125 | Amount of Each Disbursement this Period 13.19 | | |
| Purpose of Disbursement DELIVERY | | Category/ Type | Transaction ID : SB17.I1247 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 557.52 |
| 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 65 | |
| | <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)
FRIENDS OF NEAL DUNN

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018 |
| Mailing Address 3610 HACKS CROOS ROAD | | FEC Identification Number C |
| City MEMPHIS | State TN | Zip Code 38125 |
| Purpose of Disbursement PRINTING | | Amount of Each Disbursement this Period 57.16 |
| Candidate Name | | Transaction ID : SB17.I1265 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHELL OIL | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018 |
| Mailing Address 1703 MAHAN DRIVE | | FEC Identification Number C |
| City TALLAHASSEE | State FL | Zip Code 32308 |
| Purpose of Disbursement TRAVEL | | Amount of Each Disbursement this Period 103.00 |
| Candidate Name | | Transaction ID : SB17.I1271 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. WALMART | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018 |
| Mailing Address 513 W 23RD STREET | | FEC Identification Number C |
| City PANAMA CITY | State FL | Zip Code 32405 |
| Purpose of Disbursement OFFICE SUPPLIES | | Amount of Each Disbursement this Period 196.62 |
| Candidate Name | | Transaction ID : SB17.I1257 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 62918.39 |

**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 65 | | | |
| | <input type="checkbox"/> 17 <input checked="" 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 | | | | |

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)
FRIENDS OF NEAL DUNN

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. DURDEN, KAREN, L, , | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2018 | | |
| Mailing Address P.O. BOX 28030 | | | | | |
| City PANAMA CITY BEACH | State FL | Zip Code 32411 | FEC Identification Number C | | |
| Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION | | | Amount of Each Disbursement this Period 2700.00 | | |
| Candidate Name | | Category/Type | Transaction ID : SB20A.I1102 | | |
| 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) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: District: | | | | | |

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|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CONNOR, DONALD, P, , | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018 | | |
| Mailing Address PO BOX 27554 | | | | | |
| City PANAMA CITY | State FL | Zip Code 32411-7554 | FEC Identification Number C | | |
| Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION | | | Amount of Each Disbursement this Period 1600.00 | | |
| Candidate Name | | Category/Type | Transaction ID : SB20A.I1205 | | |
| 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) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CRAMER, WILLIAM, , , JR. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018 | | |
| Mailing Address 112 BUNKERS COVE RD | | | | | |
| City PANAMA CITY | State FL | Zip Code 32401 | FEC Identification Number C | | |
| Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION | | | Amount of Each Disbursement this Period 2300.00 | | |
| Candidate Name | | Category/Type | Transaction ID : SB20A.I1204 | | |
| 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) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 65 | | | |
| | <input type="checkbox"/> 17 <input checked="" 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 | |

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)
FRIENDS OF NEAL DUNN

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. GLADSTONE, LORNA, , , | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2018 | | |
| Mailing Address 1161 CREST LANE | | | FEC Identification Number C | | |
| City MCLEAN | State VA | Zip Code 22101 | Amount of Each Disbursement this Period 1100.00 | | |
| Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION | | Category/ Type | Transaction ID : SB20A.11281 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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

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

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1100.00 |
| TOTAL This Period (last page this line number only).....▶ | 7700.00 |

**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 58 OF 65 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" 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)
FRIENDS OF NEAL DUNN

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. MCSALLY FOR SENATE INC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2018 |
| Mailing Address 2141 E CAMELBACK ROAD STE 250 | | FEC Identification Number C 00666040 |
| City PHOENIX | State AZ | Zip Code 85016 |
| Purpose of Disbursement CONTRIBUTION TO CANDIDATE | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name MCSALLY, MARTHA, , , | | Transaction ID : SB21.I1276 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: AZ | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. JULIO GONZALEZ FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2018 |
| Mailing Address 217 BAYSIDE DRIVE | | FEC Identification Number C 00671537 |
| City VENICE | State FL | Zip Code 34285 |
| Purpose of Disbursement CONTRIBUTION TO CANDIDATE | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name GONZALEZ, JULIO, , , | | Transaction ID : SB21.I1277 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: FL | District: 17 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. POLIQUIN FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018 |
| Mailing Address 123 SNOW POND RD | | FEC Identification Number C 00518654 |
| City OAKLAND | State ME | Zip Code 04963 |
| Purpose of Disbursement CONTRIBUTION TO CANDIDATE | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name POLIQUIN, BRUCE , L, , | | Transaction ID : SB21.I1278 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: ME | District: 02 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | 3000.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD123.3256.5**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | | |
| City PANAMA CITY | State FL | ZIP Code 32406 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|--|---|
| Original Amount of Loan 155000.00 | Cumulative Payment To Date 41150.00 | Balance Outstanding at Close of This Period 58850.00 |
|--------------------------------------|--|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 05 / Y 2016 | Date Due M M / D D / Y NONE Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 58850.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD12365.3256**

| | | |
|---|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , <input type="checkbox"/> Memo Item | | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | |
| City PANAMA CITY | State FL | ZIP Code 32406 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 50000.00 | 0.00 | 50000.00 |

| | | | | |
|--------------|----------------------|--------------------|----------------------------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M 08 / D 18 / Y 2016 | M M / D D / Y NONE | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 50000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD1235.365**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | | |
| City PANAMA CITY | State FL | ZIP Code 32406 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 23 / Y 2016 | Date Due M M / D D / Y NONE | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 50000.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD1235.3526**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | | |
| City PANAMA CITY | State FL | ZIP Code 32406 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 26 / Y 2016 | Date Due M M / D D / Y NONE | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 50000.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265.36523.32**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , | | <input type="checkbox"/> Memo Item | Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | | |
| City PANAMA CITY | State FL | ZIP Code 32406 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 30000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 30000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------|--|---|
| TERMS | Date Incurred M 10 / D 04 / Y 2016 | Date Due M / D / Y N/A | Interest Rate (If none, enter 0) NONE % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 30000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265.36523.33**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , | | <input type="checkbox"/> Memo Item | Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | | |
| City PANAMA CITY | State FL | ZIP Code 32406 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 54000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 54000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------|--|---|
| TERMS | Date Incurred M 12 / D 14 / Y 2016 | Date Due M / D / Y N/A | Interest Rate (If none, enter 0) NONE % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 54000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NEAL DUNN** Transaction ID : **SD102.3265.36523.34**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) DUNN, NEAL, PATRICK, , | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 16088 | | | |
| City PANAMA CITY | State FL | ZIP Code 32406 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 4000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 4000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------|--|---|
| TERMS | Date Incurred M 12 / D 14 / Y 2016 | Date Due M / D / Y N/A | Interest Rate (If none, enter 0) NONE % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 4000.00 |
| TOTALS This Period (last page in this line only).....▶ | 296850.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.